

Fill in this information to identify your case:

Debtor 1 **Henry James Phillip Stroy**
 First Name Middle Name Last Name

Debtor 2
 (Spouse if, filing) First Name Middle Name Last Name

United States Bankruptcy Court for the: **DISTRICT OF SOUTH CAROLINA**

Case number **19-06297**
 (if known)

☐ Check if this is an amended filing

Official Form 106Sum

Summary of Your Assets and Liabilities and Certain Statistical Information

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Fill out all of your schedules first; then complete the information on this form. If you are filing amended schedules after you file your original forms, you must fill out a new **Summary** and check the box at the top of this page.

Part 1: Summarize Your Assets

		Your assets Value of what you own
1. Schedule A/B: Property (Official Form 106A/B)		
1a. Copy line 55, Total real estate, from Schedule A/B.....	\$	70,000.00
1b. Copy line 62, Total personal property, from Schedule A/B.....	\$	6,030.00
1c. Copy line 63, Total of all property on Schedule A/B.....	\$	76,030.00

Part 2: Summarize Your Liabilities

		Your liabilities Amount you owe
2. Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D)		
2a. Copy the total you listed in Column A, <i>Amount of claim</i> , at the bottom of the last page of Part 1 of <i>Schedule D</i> ...	\$	79,589.77
3. Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 106E/F)		
3a. Copy the total claims from Part 1 (priority unsecured claims) from line 6e of <i>Schedule E/F</i>	\$	18,472.94
3b. Copy the total claims from Part 2 (nonpriority unsecured claims) from line 6j of <i>Schedule E/F</i>	\$	57,121.70
Your total liabilities		\$ 155,184.41

Part 3: Summarize Your Income and Expenses

4. Schedule I: Your Income (Official Form 106I)		
Copy your combined monthly income from line 12 of <i>Schedule I</i>	\$	6,189.40
5. Schedule J: Your Expenses (Official Form 106J)		
Copy your monthly expenses from line 22c of <i>Schedule J</i>	\$	6,835.73

Part 4: Answer These Questions for Administrative and Statistical Records

6. **Are you filing for bankruptcy under Chapters 7, 11, or 13?**
- ☐ No. You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules.
- ☒ Yes
7. **What kind of debt do you have?**
- ☒ **Your debts are primarily consumer debts.** *Consumer debts* are those "incurred by an individual primarily for a personal, family, or household purpose." 11 U.S.C. § 101(8). Fill out lines 8-9g for statistical purposes. 28 U.S.C. § 159.
- ☐ **Your debts are not primarily consumer debts.** You have nothing to report on this part of the form. *Check this box* and submit this form to the court with your other schedules.

Debtor 1 **Henry James Phillip Stroy**

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8. **From the *Statement of Your Current Monthly Income*:** Copy your total current monthly income from Official Form 122A-1 Line 11; **OR**, Form 122B Line 11; **OR**, Form 122C-1 Line 14.

\$ **4,193.67**

9. **Copy the following special categories of claims from Part 4, line 6 of *Schedule E/F*:**

	Total claim
From Part 4 on <i>Schedule E/F</i>, copy the following:	
9a. Domestic support obligations (Copy line 6a.)	\$ 0.00
9b. Taxes and certain other debts you owe the government. (Copy line 6b.)	\$ 18,472.94
9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.)	\$ 0.00
9d. Student loans. (Copy line 6f.)	\$ 0.00
9e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.)	\$ 0.00
9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.)	+\$ 0.00
9g. Total. Add lines 9a through 9f.	\$ 18,472.94

Fill in this information to identify your case and this filing:

Debtor 1 **Henry James Phillip Stroy**
 First Name Middle Name Last Name

Debtor 2
 (Spouse, if filing) First Name Middle Name Last Name

United States Bankruptcy Court for the: **DISTRICT OF SOUTH CAROLINA**

Case number **19-06297**

☐ Check if this is an amended filing

Official Form 106A/B Schedule A/B: Property

12/15

In each category, separately list and describe items. List an asset only once. If an asset fits in more than one category, list the asset in the category where you think it fits best. Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1: Describe Each Residence, Building, Land, or Other Real Estate You Own or Have an Interest In

1. Do you own or have any legal or equitable interest in any residence, building, land, or similar property?

- ☐ No. Go to Part 2.
- ☒ Yes. Where is the property?

1.1

5323 NORTH MAIN STREET

Street address, if available, or other description

Columbia SC 29203-0000
 City State ZIP Code

Richland
 County

What is the property? Check all that apply

- ☐ Single-family home
☐ Duplex or multi-unit building
☐ Condominium or cooperative
☐ Manufactured or mobile home
☐ Land
☐ Investment property
☐ Timeshare
☒ Other **OFFICE BUILDING**

Who has an interest in the property? Check one

- ☒ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another

Do not deduct secured claims or exemptions. Put the amount of any secured claims on *Schedule D: Creditors Who Have Claims Secured by Property*.

Current value of the entire property?	Current value of the portion you own?
\$61,000.00	\$61,000.00

Describe the nature of your ownership interest (such as fee simple, tenancy by the entireties, or a life estate), if known.

Fee Simple

☐ Check if this is community property (see instructions)

Other information you wish to add about this item, such as local property identification number:

DEBTORS PROPERTY-5323 NORTH MAIN STREET, COLUMBIA, SC 29203, RICHLAND COUNTY, (3) BEDROOM HOUSE, TMS # (R11705-03-07), TAX APPRAISAL VALUE (\$61,000), SEE ATTACHED TAX APPRAISAL

DEBTOR ESTIMATES VALUE AT (\$53,000)

Debtor 1 **Henry James Phillip Stroy**

Case number (if known) **19-06297**

If you own or have more than one, list here:

1.2

1446 AIRBASE ROAD

Street address, if available, or other description

Hopkins SC 29061-0000

City State ZIP Code

Richland

County

What is the property? Check all that apply

- ☐ Single-family home
☐ Duplex or multi-unit building
☐ Condominium or cooperative
☐ Manufactured or mobile home
☒ Land
☐ Investment property
☐ Timeshare
☐ Other

Who has an interest in the property? Check one

- ☒ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another

Other information you wish to add about this item, such as local property identification number:

DEBTORS PROPERTY-LAND ONLY-1446 AIRBASE ROAD, HOPKINS, SC 29061, RICHLAND COUNTY, (1) LOT OF LAND, TMS # (R27600-04-02), TAX APPRAISAL VALUE (\$15,100), SEE ATTACHED TAX APPRAISAL

DEBTOR ESTIMATES VALUE AT (\$9,000)

Do not deduct secured claims or exemptions. Put the amount of any secured claims on *Schedule D: Creditors Who Have Claims Secured by Property*.

Current value of the entire property?

\$9,000.00

Current value of the portion you own?

\$9,000.00

Describe the nature of your ownership interest (such as fee simple, tenancy by the entireties, or a life estate), if known.

Fee Simple

☐ Check if this is community property (see instructions)

2. Add the dollar value of the portion you own for all of your entries from Part 1, including any entries for pages you have attached for Part 1. Write that number here.....=>

\$70,000.00

Part 2: Describe Your Vehicles

Do you own, lease, or have legal or equitable interest in any vehicles, whether they are registered or not? Include any vehicles you own that someone else drives. If you lease a vehicle, also report it on *Schedule G: Executory Contracts and Unexpired Leases*.

3. **Cars, vans, trucks, tractors, sport utility vehicles, motorcycles**

- ☐ No
☒ Yes

3.1 Make: **CHEVROLET**

Model: **IMPALA**

Year: **2010**

Approximate mileage: **335,000**

Other information:

2010 CHEVROLET IMPALA: VIN# (2G1WA5EK7A1145596), (4) DOOR, (6) CYLINDER, (335,000) MILES, NADA VALUE (\$1,090)

Who has an interest in the property? Check one

- ☒ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another

☐ Check if this is community property (see instructions)

Do not deduct secured claims or exemptions. Put the amount of any secured claims on *Schedule D: Creditors Who Have Claims Secured by Property*.

Current value of the entire property?

\$1,090.00

Current value of the portion you own?

\$1,090.00

3.2 Make: **CHRYSLER**

Model: **TOWN & CHRYSLER**

Year: **2006**

Approximate mileage: **350,000**

Other information:

2006 CHRYSLER TOWN & CHRYSLER: VIN# (), (4) DOOR, (6) CYLINDER, (350,000) MILES, NADA VALUE (\$385)

Who has an interest in the property? Check one

- ☒ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another

☐ Check if this is community property (see instructions)

Do not deduct secured claims or exemptions. Put the amount of any secured claims on *Schedule D: Creditors Who Have Claims Secured by Property*.

Current value of the entire property?

\$385.00

Current value of the portion you own?

\$385.00

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4. Watercraft, aircraft, motor homes, ATVs and other recreational vehicles, other vehicles, and accessories

Examples: Boats, trailers, motors, personal watercraft, fishing vessels, snowmobiles, motorcycle accessories

☒ No

☐ Yes

5 Add the dollar value of the portion you own for all of your entries from Part 2, including any entries for pages you have attached for Part 2. Write that number here.....=>

\$1,475.00

Part 3: Describe Your Personal and Household Items

Do you own or have any legal or equitable interest in any of the following items?

Current value of the portion you own?
Do not deduct secured claims or exemptions.

6. Household goods and furnishings

Examples: Major appliances, furniture, linens, china, kitchenware

☐ No

☒ Yes. Describe.....

HOUSEHOLD GOODS: COUCH, LOVESEAT, TABLES, CHAIRS, BEDS, DRESSERS, MICROWAVE, REFRIGERATOR, STOVE, WASHER, DRYER, MOWER, WEEDEATER

\$1,500.00

7. Electronics

Examples: Televisions and radios; audio, video, stereo, and digital equipment; computers, printers, scanners; music collections; electronic devices including cell phones, cameras, media players, games

☐ No

☒ Yes. Describe.....

ELECTRONICS: TVS, DVD PLAYER, COMPUTER

\$500.00

8. Collectibles of value

Examples: Antiques and figurines; paintings, prints, or other artwork; books, pictures, or other art objects; stamp, coin, or baseball card collections; other collections, memorabilia, collectibles

☐ No

☒ Yes. Describe.....

BOOKS

\$50.00

9. Equipment for sports and hobbies

Examples: Sports, photographic, exercise, and other hobby equipment; bicycles, pool tables, golf clubs, skis; canoes and kayaks; carpentry tools; musical instruments

☒ No

☐ Yes. Describe.....

10. Firearms

Examples: Pistols, rifles, shotguns, ammunition, and related equipment

☒ No

☐ Yes. Describe.....

11. Clothes

Examples: Everyday clothes, furs, leather coats, designer wear, shoes, accessories

☐ No

☒ Yes. Describe.....

CLOTHING

\$600.00

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12. Jewelry

Examples: Everyday jewelry, costume jewelry, engagement rings, wedding rings, heirloom jewelry, watches, gems, gold, silver

☐ No

☒ Yes. Describe.....

JEWELRY

\$100.00

13. Non-farm animals

Examples: Dogs, cats, birds, horses

☒ No

☐ Yes. Describe.....

14. Any other personal and household items you did not already list, including any health aids you did not list

☒ No

☐ Yes. Give specific information.....

15. Add the dollar value of all of your entries from Part 3, including any entries for pages you have attached for Part 3. Write that number here

\$2,750.00

Part 4: Describe Your Financial Assets

Do you own or have any legal or equitable interest in any of the following?

Current value of the portion you own?
Do not deduct secured claims or exemptions.

16. Cash

Examples: Money you have in your wallet, in your home, in a safe deposit box, and on hand when you file your petition

☐ No

☒ Yes.....

CASH ON HAND

\$0.00

17. Deposits of money

Examples: Checking, savings, or other financial accounts; certificates of deposit; shares in credit unions, brokerage houses, and other similar institutions. If you have multiple accounts with the same institution, list each.

☐ No

☒ Yes.....

Institution name:

17.1. **Savings**

**ALLSOUTH FEDERAL CREDIT UNION:
SAVINGS ACCOUNT # (2324)**

\$10.00

17.2. **Checking**

**ALLSOUTH FEDERAL CREDIT UNION:
CHECKING ACCOUNT # (3801)**

\$0.00

17.3. **Checking**

**ALLSOUTH FEDERAL CREDIT UNION:
CHECKING ACCOUNT # (3627)**

\$0.00

17.4. **Checking**

BB&T: CHECKING ACCOUNT # (5656)

\$0.00

17.5. **Checking**

BB&T: CHECKING ACCOUNT # (4933) (-\$4.00)

\$0.00

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18. Bonds, mutual funds, or publicly traded stocks

Examples: Bond funds, investment accounts with brokerage firms, money market accounts

☒ No

☐ Yes..... Institution or issuer name:

19. Non-publicly traded stock and interests in incorporated and unincorporated businesses, including an interest in an LLC, partnership, and joint venture

☒ No

☐ Yes. Give specific information about them.....

Name of entity:

% of ownership:

20. Government and corporate bonds and other negotiable and non-negotiable instruments

Negotiable instruments include personal checks, cashiers' checks, promissory notes, and money orders.

Non-negotiable instruments are those you cannot transfer to someone by signing or delivering them.

☒ No

☐ Yes. Give specific information about them

Issuer name:

21. Retirement or pension accounts

Examples: Interests in IRA, ERISA, Keogh, 401(k), 403(b), thrift savings accounts, or other pension or profit-sharing plans

☐ No

☒ Yes. List each account separately.

Type of account:

Institution name:

401(k)

**RETIREMENT PROGRAM: ERISA QUALIFIED
401K RETIREMENT PROGRAM, FACE VALUE
OF PROGRAM (\$300), CASH SURRENDER
VALUE OF PROGRAM (\$0.00)**

\$300.00

22. Security deposits and prepayments

Your share of all unused deposits you have made so that you may continue service or use from a company

Examples: Agreements with landlords, prepaid rent, public utilities (electric, gas, water), telecommunications companies, or others

☒ No

☐ Yes.

Institution name or individual:

23. Annuities (A contract for a periodic payment of money to you, either for life or for a number of years)

☒ No

☐ Yes..... Issuer name and description.

24. Interests in an education IRA, in an account in a qualified ABLE program, or under a qualified state tuition program.

26 U.S.C. §§ 530(b)(1), 529A(b), and 529(b)(1).

☒ No

☐ Yes..... Institution name and description. Separately file the records of any interests. 11 U.S.C. § 521(c):

25. Trusts, equitable or future interests in property (other than anything listed in line 1), and rights or powers exercisable for your benefit

☒ No

☐ Yes. Give specific information about them...

26. Patents, copyrights, trademarks, trade secrets, and other intellectual property

Examples: Internet domain names, websites, proceeds from royalties and licensing agreements

☒ No

☐ Yes. Give specific information about them...

27. Licenses, franchises, and other general intangibles

Examples: Building permits, exclusive licenses, cooperative association holdings, liquor licenses, professional licenses

☒ No

☐ Yes. Give specific information about them...

Money or property owed to you?

**Current value of the
portion you own?**
Do not deduct secured
claims or exemptions.

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28. Tax refunds owed to you

- ☒ No
☐ Yes. Give specific information about them, including whether you already filed the returns and the tax years.....

29. Family support

Examples: Past due or lump sum alimony, spousal support, child support, maintenance, divorce settlement, property settlement

- ☒ No
☐ Yes. Give specific information.....

30. Other amounts someone owes you

Examples: Unpaid wages, disability insurance payments, disability benefits, sick pay, vacation pay, workers' compensation, Social Security benefits; unpaid loans you made to someone else

- ☒ No
☐ Yes. Give specific information..

31. Interests in insurance policies

Examples: Health, disability, or life insurance; health savings account (HSA); credit, homeowner's, or renter's insurance

- ☐ No
☒ Yes. Name the insurance company of each policy and list its value.

Company name:

Beneficiary:

Surrender or refund
value:

**LINCOLN HERITAGE LIFE
INSURANCE: TERM LIFE INSURANCE
POLICY, FACE VALUE OF POLICY
(\$16,000), CASH SURRENDER VALUE
OF POLICY (\$0.00)**

\$0.00

32. Any interest in property that is due you from someone who has died

If you are the beneficiary of a living trust, expect proceeds from a life insurance policy, or are currently entitled to receive property because someone has died.

- ☒ No
☐ Yes. Give specific information..

33. Claims against third parties, whether or not you have filed a lawsuit or made a demand for payment

Examples: Accidents, employment disputes, insurance claims, or rights to sue

- ☒ No
☐ Yes. Describe each claim.....

34. Other contingent and unliquidated claims of every nature, including counterclaims of the debtor and rights to set off claims

- ☒ No
☐ Yes. Describe each claim.....

35. Any financial assets you did not already list

- ☒ No
☐ Yes. Give specific information..

36. Add the dollar value of all of your entries from Part 4, including any entries for pages you have attached for Part 4. Write that number here.....

\$310.00

Part 5: Describe Any Business-Related Property You Own or Have an Interest In. List any real estate in Part 1.

37. Do you own or have any legal or equitable interest in any business-related property?

- ☐ No. Go to Part 6.
☒ Yes. Go to line 38.

**Current value of the
portion you own?**
Do not deduct secured
claims or exemptions.

Debtor 1 **Henry James Phillip Stroy**

Case number (if known) **19-06297**

38. Accounts receivable or commissions you already earned

☐ No

☒ Yes. Describe.....

ACCOUNT RECEIVABLE: DEBTOR HAS AN ACCOUNT RECEIVABLE WITH OBRIENS RESTAURANT IN THE AMOUNT OF \$1,600. DEBTOR DEEMS ACCOUNT RECEIVABLE UNCOLLECTIBLE. PRESENT VALUE OF ACCOUNT RECEIVABLE (\$0.00)

\$0.00

39. Office equipment, furnishings, and supplies

Examples: Business-related computers, software, modems, printers, copiers, fax machines, rugs, telephones, desks, chairs, electronic devices

☒ No

☐ Yes. Describe.....

40. Machinery, fixtures, equipment, supplies you use in business, and tools of your trade

☐ No

☒ Yes. Describe.....

TOOLS OF TRADE: COMPUTERS, PRINTERS, COPIER, DESKS, TABLES, CHAIRS, PHONES

\$1,495.00

41. Inventory

☒ No

☐ Yes. Describe.....

42. Interests in partnerships or joint ventures

☒ No

☐ Yes. Give specific information about them.....

Name of entity:

% of ownership:

43. Customer lists, mailing lists, or other compilations

☒ No.

☐ Do your lists include personally identifiable information (as defined in 11 U.S.C. § 101(41A))?

☒ No

☐ Yes. Describe.....

44. Any business-related property you did not already list

☒ No

☐ Yes. Give specific information.....

45. Add the dollar value of all of your entries from Part 5, including any entries for pages you have attached for Part 5. Write that number here.....

\$1,495.00

Part 6: Describe Any Farm- and Commercial Fishing-Related Property You Own or Have an Interest In.

If you own or have an interest in farmland, list it in Part 1.

46. Do you own or have any legal or equitable interest in any farm- or commercial fishing-related property?

☒ No. Go to Part 7.

☐ Yes. Go to line 47.

Debtor 1 **Henry James Phillip Stroy**

Case number (if known) **19-06297**

Part 7: Describe All Property You Own or Have an Interest in That You Did Not List Above

53. Do you have other property of any kind you did not already list?

Examples: Season tickets, country club membership

☒ No

☐ Yes. Give specific information.....

54. Add the dollar value of all of your entries from Part 7. Write that number here

\$0.00

Part 8: List the Totals of Each Part of this Form

55. Part 1: Total real estate, line 2		\$70,000.00
56. Part 2: Total vehicles, line 5	\$1,475.00	
57. Part 3: Total personal and household items, line 15	\$2,750.00	
58. Part 4: Total financial assets, line 36	\$310.00	
59. Part 5: Total business-related property, line 45	\$1,495.00	
60. Part 6: Total farm- and fishing-related property, line 52	\$0.00	
61. Part 7: Total other property not listed, line 54	\$0.00	
	+	
62. Total personal property. Add lines 56 through 61...	\$6,030.00	Copy personal property total \$6,030.00
63. Total of all property on Schedule A/B. Add line 55 + line 62		\$76,030.00

Assessor Data View

The information provided on this page reflects data as of December 31, 2018 and should be used for reference only. For official assessment information, please contact the Richland County Assessor's Office.

Information presented on the Assessor's Database is collected, organized and provided for the convenience of the user and is intended solely for informational purposes. **ANY USER THEREOF OR RELIANCE THEREON IS AT THE SOLE DISCRETION, RISK AND RESPONSIBILITY OF THE USER.** While every attempt is made to provide information that is accurate at the date of publication, portions of such information may be incorrect or not current. **RICHLAND COUNTY HEREBY DISCLAIMS ANY AND ALL WARRANTIES, EXPRESS OR IMPLIED, AS TO ITS ACCURACY, COMPLETENESS OR FITNESS FOR ANY PARTICULAR PURPOSE.** All official records of the County and the countywide elected officials are on file in their respective offices and may be viewed by the public at those offices.

Owner Information

Tax Map Number: R11705-03-07
 Owner: STROY HENRY
 Address 1: 5323 N MAIN ST
 Address 2:
 Address 3:
 City/State/Zip: COLUMBIA SC 29203
 Property Location/Code: 5323 N MAIN ST

Tax Information

Year: 2019
 Property Tax Relief: \$0.00
 Local Option Sales Tax Credit: (\$209.84)
 Tax Amount: \$1,808.29
 Paid: No
 Homestead: No
 Assessed: \$3,660.00

Assessment Information

Year Of Assessment: 2019
 Tax District: 1CC
 Acreage Of Parcel: 0.00
 Non-Agriculture Value: \$29,400.00
 Building Value: \$36,600.00
 Taxable Value: \$61,000.00
 Zoning: UTD
 Legal Residence: No
 Sewer Connection: CITY
 Water Connection: CITY
 Agriculture Value: \$0.00
 Improvements: \$0.00

Property Information

Legal Description: 50X197X50X195.6
 Land Type: COMMERCIAL LAND
 #SU
 #PR ARDEN HEIGHTS

Transaction History

Current Owner Name	Transaction Date	V/I	Book/Page	Transaction Price	Qual Code
STROY HENRY	03/02/2007	I	R1288/ 229	\$69,900.00	Q
CADE DAN	09/00/1986		D811 / 498	**SEE DEED	
ADM OF VETERANS AFFAIRS	11/11/1911		D283 / 314	**SEE DEED	

** Where transaction price states Discrepancy a copy of deed may be obtained from the Richland County Register of Deeds Office located at 1701 Main Street Room 101 Columbia, SC 29201 or via registering with the Richland County Premier Online Data Services.**

Qualification Code Definitions

Structure Information

Building Number	Year Structure Was Assessed	Building Description	Actual Year Built	Number Of Bathrooms	Number Of Bedrooms	Total Number Of Stories	Heated Square Footage	Total Square Footage
1	2019	RES ON COMMERCIAL LAND W/G 2	1935	1.0	2	1.0	1281	1508

Structure Details

Structure Type	Structure Description	Building Number
Building Element	AC TYPE...NONE	1
Building Element	ARCHITECTURAL STYLE...OLD HOUSE	1
Building Element	BUILDING SHAPE...L	1
Building Element	ELECTRICAL...BELOW AVERAGE	1
Building Element	EXTERIOR WALL 1...ALUMINUM OR VINYL	1
Building Element	FOUNDATION...PIERS	1
Building Element	HEAT TYPE/FUEL...CONVECTION/GAS	1
Building Element	INSULATION...MINIMUM	1
Building Element	INTERIOR FLOOR 1...PINE OR SOFTWOOD	1
Building Element	INTERIOR WALL 1...3-PLASTER/DRYWALL	1
Building Element	ROOF COVER...ASPHALT SHINGLE	1
Building Element	ROOF STRUCTURE...GABLE OR HIP	1
Building Element	STRUCTURAL FRAME...WOOD FRAME	1
Misc Improvement	FIREPLACE-1 STORY SINGLE/RESID	1

Exemptions

Exemption Year	Exemption Description
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Assessor Data View

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Owner Information

Tax Map Number: R27600-04-02
 Owner: STROY HENRY J P
 Address 1: P O BOX 3802
 Address 2:
 Address 3:
 City/State/Zip: WEST COLUMBIA
 SC 29171
 Property Location/Code: 1446 AIR BASE RD

Tax Information

Year: 2019
 Property Tax Relief: \$0.00
 Local Option Sales Tax Credit: (\$21.44)
 Tax Amount: \$413.09
 Paid: No
 Homestead: No
 Assessed: \$910.00

Assessment Information

Year Of Assessment: 2019
 Tax District: 1LR
 Acreage Of Parcel: 4.12
 Non-Agriculture Value: \$21,600.00
 Building Value: \$0.00
 Taxable Value: \$15,100.00
 Zoning: RU RURAL DISTRICT
 Legal Residence: No
 Sewer Connection: NONE
 Water Connection: NONE
 Agriculture Value: \$0.00
 Improvements: \$0.00

Property Information

Legal Description:
 Land Type: RESIDENTIAL LAND
 #SU
 #PR 3-175

Transaction History

Current Owner Name	Transaction Date	V/I	Book/Page	Transaction Price	Qual Code
STROY HENRY J P	00/00/1979		D0518/ 512	**SEE DEED	

** Where transaction price states *Document* copy of the deed may be obtained from the Richland County Register of Deeds Office located at 1701 Main Street Room 101 Columbia, SC 29201 or via registering with the Richland County Premier Online Data Services.**

Qualification Code Definitions

Structure Information

Building Number	Year Structure Was Assessed	Building Description	Actual Year Built	Number Of Bathrooms	Number Of Bedrooms	Total Number Of Stories	Heated Square Footage	Total Square Footage
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Structure Details

Structure Type	Structure Description	Building Number
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Exemptions

Exemption Year	Exemption Description
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Fill in this information to identify your case:

Debtor 1	Henry James Phillip Stroy		
	First Name	Middle Name	Last Name
Debtor 2 (Spouse if, filing)			
	First Name	Middle Name	Last Name
United States Bankruptcy Court for the:	DISTRICT OF SOUTH CAROLINA		
Case number (if known)	19-06297		

☐ Check if this is an amended filing

Official Form 106C

Schedule C: The Property You Claim as Exempt

4/19

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Using the property you listed on *Schedule A/B: Property* (Official Form 106A/B) as your source, list the property that you claim as exempt. If more space is needed, fill out and attach to this page as many copies of *Part 2: Additional Page* as necessary. On the top of any additional pages, write your name and case number (if known).

For each item of property you claim as exempt, you must specify the amount of the exemption you claim. One way of doing so is to state a specific dollar amount as exempt. Alternatively, you may claim the full fair market value of the property being exempted up to the amount of any applicable statutory limit. Some exemptions—such as those for health aids, rights to receive certain benefits, and tax-exempt retirement funds—may be unlimited in dollar amount. However, if you claim an exemption of 100% of fair market value under a law that limits the exemption to a particular dollar amount and the value of the property is determined to exceed that amount, your exemption would be limited to the applicable statutory amount.

Part 1: Identify the Property You Claim as Exempt

1. Which set of exemptions are you claiming? Check one only, even if your spouse is filing with you.

- ☒ You are claiming state and federal nonbankruptcy exemptions. 11 U.S.C. § 522(b)(3)
- ☐ You are claiming federal exemptions. 11 U.S.C. § 522(b)(2)

2. For any property you list on *Schedule A/B* that you claim as exempt, fill in the information below.

Brief description of the property and line on <i>Schedule A/B</i> that lists this property	Current value of the portion you own Copy the value from <i>Schedule A/B</i>	Amount of the exemption you claim Check only one box for each exemption.	Specific laws that allow exemption
DEBTORS PROPERTY-LAND ONLY-1446 AIRBASE ROAD, HOPKINS, SC 29061, RICHLAND COUNTY, (1) LOT OF LAND, TMS # (R27600-04-02), TAX APPRAISAL VALUE (\$15,100), SEE ATTACHED TAX APPRAISAL	\$9,000.00	<input checked="" type="checkbox"/> \$6,090.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	S.C. Code Ann. § 15-41-30(A)(7) in the amount of \$6,090.00 of unused Cash Exemption
DEBTOR ESTIMATES VALUE AT (\$9,000) Line from <i>Schedule A/B</i> : 1.2			
2010 CHEVROLET IMPALA: VIN# (2G1WA5EK7A1145596), (4) DOOR, (6) CYLINDER, (335,000) MILES, NADA VALUE (\$1,090) Line from <i>Schedule A/B</i> : 3.1	\$1,090.00	<input checked="" type="checkbox"/> \$6,100.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	S.C. Code Ann. § 15-41-30(A)(2)
HOUSEHOLD GOODS: COUCH, LOVESEAT, TABLES, CHAIRS, BEDS, DRESSERS, MICROWAVE, REFRIGERATOR, STOVE, WASHER, DRYER, MOWER, WEDEATER Line from <i>Schedule A/B</i> : 6.1	\$1,500.00	<input checked="" type="checkbox"/> \$1,500.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	S.C. Code Ann. § 15-41-30(A)(3)

Debtor 1 **Henry James Phillip Stroy**

Case number (if known) **19-06297**

Brief description of the property and line on Schedule A/B that lists this property	Current value of the portion you own <small>Copy the value from Schedule A/B</small>	Amount of the exemption you claim <small>Check only one box for each exemption.</small>	Specific laws that allow exemption
ELECTRONICS: TVS, DVD PLAYER, COMPUTER Line from Schedule A/B: 7.1	\$500.00	<input checked="" type="checkbox"/> \$500.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	S.C. Code Ann. § 15-41-30(A)(3)
BOOKS Line from Schedule A/B: 8.1	\$50.00	<input checked="" type="checkbox"/> \$50.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	S.C. Code Ann. § 15-41-30(A)(3)
CLOTHING Line from Schedule A/B: 11.1	\$600.00	<input checked="" type="checkbox"/> \$600.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	S.C. Code Ann. § 15-41-30(A)(3)
JEWELRY Line from Schedule A/B: 12.1	\$100.00	<input checked="" type="checkbox"/> \$100.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	S.C. Code Ann. § 15-41-30(A)(4)
Savings: ALLSOUTH FEDERAL CREDIT UNION: SAVINGS ACCOUNT # (2324) Line from Schedule A/B: 17.1	\$10.00	<input checked="" type="checkbox"/> \$10.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	S.C. Code Ann. § 15-41-30(A)(5)
Checking: ALLSOUTH FEDERAL CREDIT UNION: CHECKING ACCOUNT # (3801) Line from Schedule A/B: 17.2	\$0.00	<input checked="" type="checkbox"/> \$0.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	S.C. Code Ann. § 15-41-30(A)(5)
Checking: ALLSOUTH FEDERAL CREDIT UNION: CHECKING ACCOUNT # (3627) Line from Schedule A/B: 17.3	\$0.00	<input checked="" type="checkbox"/> \$0.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	S.C. Code Ann. § 15-41-30(A)(5)
Checking: BB&T: CHECKING ACCOUNT # (5656) Line from Schedule A/B: 17.4	\$0.00	<input checked="" type="checkbox"/> \$0.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	S.C. Code Ann. § 15-41-30(A)(5)
Checking: BB&T: CHECKING ACCOUNT # (4933) (-\$4.00) Line from Schedule A/B: 17.5	\$0.00	<input checked="" type="checkbox"/> \$0.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	S.C. Code Ann. § 15-41-30(A)(5)
401(k): RETIREMENT PROGRAM: ERISA QUALIFIED 401K RETIREMENT PROGRAM, FACE VALUE OF PROGRAM (\$300), CASH SURRENDER VALUE OF PROGRAM (\$0.00) Line from Schedule A/B: 21.1	\$300.00	<input checked="" type="checkbox"/> \$300.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	S.C. Code Ann. § 15-41-30(A)(14)

Debtor 1 **Henry James Phillip Stroy**

Case number (if known) **19-06297**

Brief description of the property and line on Schedule A/B that lists this property	Current value of the portion you own <small>Copy the value from Schedule A/B</small>	Amount of the exemption you claim <small>Check only one box for each exemption.</small>	Specific laws that allow exemption
LINCOLN HERITAGE LIFE INSURANCE: TERM LIFE INSURANCE POLICY, FACE VALUE OF POLICY (\$16,000), CASH SURRENDER VALUE OF POLICY (\$0.00) Line from Schedule A/B: 31.1	\$0.00	<input checked="" type="checkbox"/> \$0.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	S.C. Code Ann. § 15-41-30(A)(8)
TOOLS OF TRADE: COMPUTERS, PRINTERS, COPIER, DESKS, TABLES, CHAIRS, PHONES Line from Schedule A/B: 40.1	\$1,495.00	<input checked="" type="checkbox"/> \$1,495.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	S.C. Code Ann. § 15-41-30(A)(6)

3. **Are you claiming a homestead exemption of more than \$170,350?**
 (Subject to adjustment on 4/01/22 and every 3 years after that for cases filed on or after the date of adjustment.)
- ☒ No
- ☐ Yes. Did you acquire the property covered by the exemption within 1,215 days before you filed this case?
- ☐ No
- ☐ Yes

Fill in this information to identify your case:

Debtor 1 **Henry James Phillip Stroy**
First Name Middle Name Last Name

Debtor 2
(Spouse if, filing) First Name Middle Name Last Name

United States Bankruptcy Court for the: **DISTRICT OF SOUTH CAROLINA**

Case number **19-06297**
(if known)

☐ Check if this is an amended filing

Official Form 106D

Schedule D: Creditors Who Have Claims Secured by Property

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the Additional Page, fill it out, number the entries, and attach it to this form. On the top of any additional pages, write your name and case number (if known).

1. Do any creditors have claims secured by your property?

- ☐ No. Check this box and submit this form to the court with your other schedules. You have nothing else to report on this form.
- ☒ Yes. Fill in all of the information below.

Part 1: List All Secured Claims

2. List all secured claims. If a creditor has more than one secured claim, list the creditor separately for each claim. If more than one creditor has a particular claim, list the other creditors in Part 2. As much as possible, list the claims in alphabetical order according to the creditor's name.

	Column A Amount of claim Do not deduct the value of collateral.	Column B Value of collateral that supports this claim	Column C Unsecured portion If any
2.1 AUTO CASH <small>Creditor's Name</small> 1640 AIRPORT BLVD West Columbia, SC 29169 <small>Number, Street, City, State & Zip Code</small>	Describe the property that secures the claim: 2010 CHEVROLET IMPALA As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Nature of lien. Check all that apply. <input type="checkbox"/> An agreement you made (such as mortgage or secured car loan) <input type="checkbox"/> Statutory lien (such as tax lien, mechanic's lien) <input type="checkbox"/> Judgment lien from a lawsuit <input checked="" type="checkbox"/> Other (including a right to offset) Auto Loan	\$1,600.00	\$1,090.00
Who owes the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim relates to a community debt	Date debt was incurred 04/17	Last 4 digits of account number 8817	

	Column A Amount of claim Do not deduct the value of collateral.	Column B Value of collateral that supports this claim	Column C Unsecured portion If any
2.2 LENDERS LOANS <small>Creditor's Name</small> 1102 WASHINGTON STREET Columbia, SC 29201 <small>Number, Street, City, State & Zip Code</small>	Describe the property that secures the claim: HOUSEHOLD GOODS: 522 (f) VOIDABLE As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Nature of lien. Check all that apply. <input type="checkbox"/> An agreement you made (such as mortgage or secured car loan) <input type="checkbox"/> Statutory lien (such as tax lien, mechanic's lien) <input type="checkbox"/> Judgment lien from a lawsuit <input checked="" type="checkbox"/> Other (including a right to offset) Non-Purchase Money Security	\$1,700.00	\$1,500.00
Who owes the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim relates to a community debt	Date debt was incurred 2017	Last 4 digits of account number 5152	

Debtor 1 **Henry James Phillip Stroy** Case number (if known) **19-06297**
 First Name Middle Name Last Name

2.3 NATIONAL FINANCE Describe the property that secures the claim: **\$1,442.75** **\$1,500.00** **\$1,442.75**
 Creditor's Name
2101 MAIN STREET
SUITE F
Columbia, SC 29201
 Number, Street, City, State & Zip Code

HOUSEHOLD GOODS: 522 (f)
VOIDABLE

As of the date you file, the claim is: Check all that apply.
☐ Contingent
☐ Unliquidated
☐ Disputed

Nature of lien. Check all that apply.
☐ An agreement you made (such as mortgage or secured car loan)
☐ Statutory lien (such as tax lien, mechanic's lien)
☐ Judgment lien from a lawsuit
☒ Other (including a right to offset) **Non-Purchase Money Security**

Who owes the debt? Check one.
☒ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ Check if this claim relates to a community debt

Date debt was incurred **2017** Last 4 digits of account number **5994**

2.4 ONE MAIN FINANCIAL Describe the property that secures the claim: **\$10,201.02** **\$1,500.00** **\$8,701.02**
 Creditor's Name
4711 FOREST DRIVE
BAY 19
Columbia, SC 29206
 Number, Street, City, State & Zip Code

HOUSEHOLD GOODS: 522 (f)
VOIDABLE

As of the date you file, the claim is: Check all that apply.
☐ Contingent
☐ Unliquidated
☐ Disputed

Nature of lien. Check all that apply.
☐ An agreement you made (such as mortgage or secured car loan)
☐ Statutory lien (such as tax lien, mechanic's lien)
☐ Judgment lien from a lawsuit
☒ Other (including a right to offset) **Non-Purchase Money Security**

Who owes the debt? Check one.
☒ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ Check if this claim relates to a community debt

Date debt was incurred **2015** Last 4 digits of account number **4969**

2.5 REGIONAL FINANCE Describe the property that secures the claim: **\$1,421.58** **\$1,500.00** **\$1,421.58**
 Creditor's Name
528 KNOX ABBOTT
DRIVE
Cayce, SC 29033
 Number, Street, City, State & Zip Code

HOUSEHOLD GOODS: 522 (f)
VOIDABLE

As of the date you file, the claim is: Check all that apply.
☐ Contingent
☐ Unliquidated
☐ Disputed

Nature of lien. Check all that apply.
☐ An agreement you made (such as mortgage or secured car loan)
☐ Statutory lien (such as tax lien, mechanic's lien)
☐ Judgment lien from a lawsuit
☒ Other (including a right to offset) **Non-Purchase Money Security**

Who owes the debt? Check one.
☒ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ Check if this claim relates to a community debt

Date debt was incurred **2016** Last 4 digits of account number **4045**

Debtor 1 **Henry James Phillip Stroy** Case number (if known) **19-06297**
 First Name Middle Name Last Name

2.6 SECURITY FINANCE Describe the property that secures the claim: **\$346.96** **\$1,500.00** **\$346.96**
 Creditor's Name **HOUSEHOLD GOODS: 522 (f) VOIDABLE**
1111 TAYLOR STREET
Columbia, SC 29201
 Number, Street, City, State & Zip Code
 As of the date you file, the claim is: Check all that apply.
☐ Contingent
☐ Unliquidated
☐ Disputed
 Nature of lien. Check all that apply.
☐ An agreement you made (such as mortgage or secured car loan)
☐ Statutory lien (such as tax lien, mechanic's lien)
☐ Judgment lien from a lawsuit
☒ Other (including a right to offset) **Non-Purchase Money Security**
 Who owes the debt? Check one.
☒ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ Check if this claim relates to a community debt
 Date debt was incurred **2016** Last 4 digits of account number **1110**

2.7 SHELLPOINT MORTGAGE Describe the property that secures the claim: **\$60,000.00** **\$61,000.00** **\$0.00**
 Creditor's Name **5323 NORTH MAIN STREET COLUMBIA, SC 29203**
PO BOX 619063
Dallas, TX 75261
 Number, Street, City, State & Zip Code
 As of the date you file, the claim is: Check all that apply.
☐ Contingent
☐ Unliquidated
☐ Disputed
 Nature of lien. Check all that apply.
☐ An agreement you made (such as mortgage or secured car loan)
☐ Statutory lien (such as tax lien, mechanic's lien)
☐ Judgment lien from a lawsuit
☒ Other (including a right to offset) **Mortgage**
 Who owes the debt? Check one.
☒ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ Check if this claim relates to a community debt
 Date debt was incurred **02/07** Last 4 digits of account number **8672**

2.8 SOUTHERN FINANCE Describe the property that secures the claim: **\$623.21** **\$1,500.00** **\$623.21**
 Creditor's Name **HOUSEHOLD GOODS: 522 (f) VOIDABLE**
1900 TAYLOR STREET
Columbia, SC 29201
 Number, Street, City, State & Zip Code
 As of the date you file, the claim is: Check all that apply.
☐ Contingent
☐ Unliquidated
☐ Disputed
 Nature of lien. Check all that apply.
☐ An agreement you made (such as mortgage or secured car loan)
☐ Statutory lien (such as tax lien, mechanic's lien)
☐ Judgment lien from a lawsuit
☒ Other (including a right to offset) **Non-Purchase Money Security**
 Who owes the debt? Check one.
☒ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ Check if this claim relates to a community debt
 Date debt was incurred **2017** Last 4 digits of account number **5152**

Debtor 1 **Henry James Phillip Stroy**

First Name

Middle Name

Last Name

Case number (if known)

19-06297

2.9 WORLD ACCEPTANCE

Creditor's Name

**1630 AIRPORT BLVD
West Columbia, SC
29169**

Number, Street, City, State & Zip Code

Describe the property that secures the claim:

**HOUSEHOLD GOODS: 522 (f)
VOIDABLE**

As of the date you file, the claim is: Check all that apply.

☐ Contingent

☐ Unliquidated

☐ Disputed

Nature of lien. Check all that apply.

☐ An agreement you made (such as mortgage or secured car loan)

☐ Statutory lien (such as tax lien, mechanic's lien)

☐ Judgment lien from a lawsuit

☒ Other (including a right to offset)

\$2,254.25

\$1,500.00

\$2,254.25

Who owes the debt? Check one.

☒ Debtor 1 only

☐ Debtor 2 only

☐ Debtor 1 and Debtor 2 only

☐ At least one of the debtors and another

☐ Check if this claim relates to a community debt

Non-Purchase Money Security

Date debt was incurred **2016**

Last 4 digits of account number **0957**

Add the dollar value of your entries in Column A on this page. Write that number here:

\$79,589.77

If this is the last page of your form, add the dollar value totals from all pages.

Write that number here:

\$79,589.77

Part 2: List Others to Be Notified for a Debt That You Already Listed

Use this page only if you have others to be notified about your bankruptcy for a debt that you already listed in Part 1. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the creditor in Part 1, and then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Part 1, list the additional creditors here. If you do not have additional persons to be notified for any debts in Part 1, do not fill out or submit this page.



Name, Number, Street, City, State & Zip Code

**SCOTT & CORLEY
2712 MIDDLEBURG DRIVE
SUITE 200
Columbia, SC 29204**

On which line in Part 1 did you enter the creditor? **2.7**

Last 4 digits of account number ____

Fill in this information to identify your case:

Debtor 1	Henry James Phillip Stroy		
	First Name	Middle Name	Last Name
Debtor 2 (Spouse if, filing)			
	First Name	Middle Name	Last Name
United States Bankruptcy Court for the:	DISTRICT OF SOUTH CAROLINA		
Case number (if known)	19-06297		

☐ Check if this is an amended filing

Official Form 106E/F

Schedule E/F: Creditors Who Have Unsecured Claims

12/15

Be as complete and accurate as possible. Use Part 1 for creditors with PRIORITY claims and Part 2 for creditors with NONPRIORITY claims. List the other party to any executory contracts or unexpired leases that could result in a claim. Also list executory contracts on Schedule A/B: Property (Official Form 106A/B) and on Schedule G: Executory Contracts and Unexpired Leases (Official Form 106G). Do not include any creditors with partially secured claims that are listed in Schedule D: Creditors Who Have Claims Secured by Property. If more space is needed, copy the Part you need, fill it out, number the entries in the boxes on the left. Attach the Continuation Page to this page. If you have no information to report in a Part, do not file that Part. On the top of any additional pages, write your name and case number (if known).

Part 1: List All of Your PRIORITY Unsecured Claims

1. Do any creditors have priority unsecured claims against you?

☐ No. Go to Part 2.

☒ Yes.

2. List all of your priority unsecured claims. If a creditor has more than one priority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. If a claim has both priority and nonpriority amounts, list that claim here and show both priority and nonpriority amounts. As much as possible, list the claims in alphabetical order according to the creditor's name. If you have more than two priority unsecured claims, fill out the Continuation Page of Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3.

(For an explanation of each type of claim, see the instructions for this form in the instruction booklet.)

		Total claim	Priority amount	Nonpriority amount	
2.1	IRS Priority Creditor's Name PO BOX 7346 Philadelphia, PA 19101-7346 Number Street City State Zip Code Who incurred the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number 5152 When was the debt incurred? 2014 As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of PRIORITY unsecured claim: <input type="checkbox"/> Domestic support obligations <input checked="" type="checkbox"/> Taxes and certain other debts you owe the government <input type="checkbox"/> Claims for death or personal injury while you were intoxicated <input type="checkbox"/> Other. Specify _____	\$17,372.94	\$6,067.00	\$11,305.94
		Unsecured Federal Income Taxes			

Debtor 1 **Henry James Phillip Stroy**

Case number (if known)

19-06297

2.2	SC DEPT EMPLOYMENT & WORKFORCE Priority Creditor's Name PO BOX 8597 Columbia, SC 29202 Number Street City State Zip Code	Last 4 digits of account number 8337	\$1,100.00	\$1,100.00	\$0.00
Who incurred the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		When was the debt incurred? _____ As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of PRIORITY unsecured claim: <input type="checkbox"/> Domestic support obligations <input checked="" type="checkbox"/> Taxes and certain other debts you owe the government <input type="checkbox"/> Claims for death or personal injury while you were intoxicated <input type="checkbox"/> Other. Specify _____ <div style="text-align: center;">Employment Taxes</div>			

Part 2: List All of Your NONPRIORITY Unsecured Claims

3. Do any creditors have nonpriority unsecured claims against you?

- ☐ No. You have nothing to report in this part. Submit this form to the court with your other schedules.
- ☒ Yes.

4. List all of your nonpriority unsecured claims in the alphabetical order of the creditor who holds each claim. If a creditor has more than one nonpriority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. Do not list claims already included in Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3. If you have more than three nonpriority unsecured claims fill out the Continuation Page of Part 2.

4.1	ASSET RECOVERY Nonpriority Creditor's Name 6251 CROOKED CREEK ROAD Norcross, GA 30092 Number Street City State Zip Code Who incurred the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number 5152	\$27.00
When was the debt incurred? _____ As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Collections			

Debtor 1 **Henry James Phillip Stroy**

Case number (if known)

19-06297

4.2

BLUE TRUST LOANS

Nonpriority Creditor's Name

PO BOX 44967

Eden Prairie, MN 55344

Number Street City State Zip Code

Who incurred the debt? Check one.

- ☒ Debtor 1 only
- ☐ Debtor 2 only
- ☐ Debtor 1 and Debtor 2 only
- ☐ At least one of the debtors and another
- ☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No
- ☐ Yes

Last 4 digits of account number **5152**

\$2,914.00

When was the debt incurred? **2016**

As of the date you file, the claim is: Check all that apply

- ☐ Contingent
- ☐ Unliquidated
- ☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans
- ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
- ☐ Debts to pension or profit-sharing plans, and other similar debts

☒ Other. Specify **Personal Loan**

4.3

CAPITAL ONE

Nonpriority Creditor's Name

PO BOX 71083

Charlotte, NC 28272

Number Street City State Zip Code

Who incurred the debt? Check one.

- ☒ Debtor 1 only
- ☐ Debtor 2 only
- ☐ Debtor 1 and Debtor 2 only
- ☐ At least one of the debtors and another
- ☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No
- ☐ Yes

Last 4 digits of account number **3276**

\$410.68

When was the debt incurred? **1998**

As of the date you file, the claim is: Check all that apply

- ☐ Contingent
- ☐ Unliquidated
- ☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans
- ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
- ☐ Debts to pension or profit-sharing plans, and other similar debts

☒ Other. Specify **Credit card purchases**

4.4

CAPITAL ONE

Nonpriority Creditor's Name

PO BOX 71083

Charlotte, NC 28272

Number Street City State Zip Code

Who incurred the debt? Check one.

- ☒ Debtor 1 only
- ☐ Debtor 2 only
- ☐ Debtor 1 and Debtor 2 only
- ☐ At least one of the debtors and another
- ☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No
- ☐ Yes

Last 4 digits of account number **1139**

\$1,023.11

When was the debt incurred? **2000**

As of the date you file, the claim is: Check all that apply

- ☐ Contingent
- ☐ Unliquidated
- ☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans
- ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
- ☐ Debts to pension or profit-sharing plans, and other similar debts

☒ Other. Specify **Credit card purchases**

Debtor 1 **Henry James Phillip Stroy**

Case number (if known)

19-06297

4.5

CAPITAL ONE

Nonpriority Creditor's Name

PO BOX 71083

Charlotte, NC 28272

Number Street City State Zip Code

Who incurred the debt? Check one.

- ☒ Debtor 1 only
- ☐ Debtor 2 only
- ☐ Debtor 1 and Debtor 2 only
- ☐ At least one of the debtors and another
- ☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No
- ☐ Yes

Last 4 digits of account number **9976**

\$3,090.62

When was the debt incurred? **2002**

As of the date you file, the claim is: Check all that apply

- ☐ Contingent
- ☐ Unliquidated
- ☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans
- ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
- ☐ Debts to pension or profit-sharing plans, and other similar debts

☒ Other. Specify **Credit card purchases**

4.6

CAPITAL ONE

Nonpriority Creditor's Name

PO BOX 71083

Charlotte, NC 28272

Number Street City State Zip Code

Who incurred the debt? Check one.

- ☒ Debtor 1 only
- ☐ Debtor 2 only
- ☐ Debtor 1 and Debtor 2 only
- ☐ At least one of the debtors and another
- ☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No
- ☐ Yes

Last 4 digits of account number **5234**

\$1,725.48

When was the debt incurred? **2006**

As of the date you file, the claim is: Check all that apply

- ☐ Contingent
- ☐ Unliquidated
- ☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans
- ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
- ☐ Debts to pension or profit-sharing plans, and other similar debts

☒ Other. Specify **Credit card purchases**

4.7

CASHWELL FINANCIAL

Nonpriority Creditor's Name

2720 DECKER BLVD

SUITE D

Columbia, SC 29206

Number Street City State Zip Code

Who incurred the debt? Check one.

- ☒ Debtor 1 only
- ☐ Debtor 2 only
- ☐ Debtor 1 and Debtor 2 only
- ☐ At least one of the debtors and another
- ☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No
- ☐ Yes

Last 4 digits of account number **5152**

\$1,160.47

When was the debt incurred? **2017**

As of the date you file, the claim is: Check all that apply

- ☐ Contingent
- ☐ Unliquidated
- ☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans
- ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
- ☐ Debts to pension or profit-sharing plans, and other similar debts

☒ Other. Specify **Personal Loan**

Debtor 1 **Henry James Phillip Stroy**

Case number (if known)

19-06297

4.8

FUTURE INCOME PAYMENTS

Nonpriority Creditor's Name

**2505 ANTHEM VILLAGE DRIVE
Henderson, NV 89052**

Number Street City State Zip Code

Who incurred the debt? Check one.

- ☒ Debtor 1 only
- ☐ Debtor 2 only
- ☐ Debtor 1 and Debtor 2 only
- ☐ At least one of the debtors and another
- ☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No
- ☐ Yes

Last 4 digits of account number **5152**

\$17,000.00

When was the debt incurred? **2015**

As of the date you file, the claim is: Check all that apply

- ☐ Contingent
- ☐ Unliquidated
- ☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans
- ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
- ☐ Debts to pension or profit-sharing plans, and other similar debts

☒ Other. Specify **Personal Loan**

4.9

INSTANT CASH LOANS

Nonpriority Creditor's Name

**712 12TN STREET
West Columbia, SC 29169**

Number Street City State Zip Code

Who incurred the debt? Check one.

- ☒ Debtor 1 only
- ☐ Debtor 2 only
- ☐ Debtor 1 and Debtor 2 only
- ☐ At least one of the debtors and another
- ☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No
- ☐ Yes

Last 4 digits of account number **5152**

\$700.00

When was the debt incurred? **2016**

As of the date you file, the claim is: Check all that apply

- ☐ Contingent
- ☐ Unliquidated
- ☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans
- ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
- ☐ Debts to pension or profit-sharing plans, and other similar debts

☒ Other. Specify **Cash Advance**

4.1
0

IRS

Nonpriority Creditor's Name

**PO BOX 7346
Philadelphia, PA 19101-7346**

Number Street City State Zip Code

Who incurred the debt? Check one.

- ☒ Debtor 1 only
- ☐ Debtor 2 only
- ☐ Debtor 1 and Debtor 2 only
- ☐ At least one of the debtors and another
- ☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No
- ☐ Yes

Last 4 digits of account number **5152**

\$0.00

When was the debt incurred?

As of the date you file, the claim is: Check all that apply

- ☐ Contingent
- ☐ Unliquidated
- ☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans
- ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
- ☐ Debts to pension or profit-sharing plans, and other similar debts

☒ Other. Specify **Notice Only**

Debtor 1 **Henry James Phillip Stroy**

Case number (if known) **19-06297**

4.1
1

IRS

Nonpriority Creditor's Name
PO BOX 7346
Philadelphia, PA 19101-7346

Number Street City State Zip Code

Who incurred the debt? Check one.

- ☒ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No
☐ Yes

Last 4 digits of account number **5152**

\$4,291.37

When was the debt incurred? **2013**

As of the date you file, the claim is: Check all that apply

- ☐ Contingent
☐ Unliquidated
☐ Disputed
Type of NONPRIORITY unsecured claim:
☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts
☒ Other. Specify **Unsecured Employment Taxes**

4.1
2

LEXINGTON MEDICAL CENTER

Nonpriority Creditor's Name
2720 SUNSET BLVD
West Columbia, SC 29169

Number Street City State Zip Code

Who incurred the debt? Check one.

- ☒ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No
☐ Yes

Last 4 digits of account number **5152**

Unknown

When was the debt incurred?

As of the date you file, the claim is: Check all that apply

- ☐ Contingent
☐ Unliquidated
☐ Disputed
Type of NONPRIORITY unsecured claim:
☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts
☒ Other. Specify **Medical Bills**

4.1
3

RICHLAND COUNTY

Nonpriority Creditor's Name
PO BOX 11947
Columbia, SC 29211

Number Street City State Zip Code

Who incurred the debt? Check one.

- ☒ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No
☐ Yes

Last 4 digits of account number **5152**

\$0.00

When was the debt incurred?

As of the date you file, the claim is: Check all that apply

- ☐ Contingent
☐ Unliquidated
☐ Disputed
Type of NONPRIORITY unsecured claim:
☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts
☒ Other. Specify **Notice Only**

Debtor 1 **Henry James Phillip Stroy**

Case number (if known)

19-06297

4.1
4

RISE CREDIT

Nonpriority Creditor's Name

PO BOX 101808

Fort Worth, TX 76185

Number Street City State Zip Code

Who incurred the debt? Check one.

- ☒ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No
☐ Yes

Last 4 digits of account number **5152**

\$3,465.73

When was the debt incurred? **2015**

As of the date you file, the claim is: Check all that apply

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts

☒ Other. Specify **Personal Loan**

4.1
5

SBA

Nonpriority Creditor's Name

801 TOM MARTIN DRIVE

SUITE 120

Birmingham, AL 35211

Number Street City State Zip Code

Who incurred the debt? Check one.

- ☒ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No
☐ Yes

Last 4 digits of account number **5004**

\$20,024.41

When was the debt incurred? **2016**

As of the date you file, the claim is: Check all that apply

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts

☒ Other. Specify **Personal Loan**

4.1
6

SC DEPT OF REVENUE

Nonpriority Creditor's Name

PO BOX 12265

Columbia, SC 29211

Number Street City State Zip Code

Who incurred the debt? Check one.

- ☒ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No
☐ Yes

Last 4 digits of account number **5152**

\$0.00

When was the debt incurred?

As of the date you file, the claim is: Check all that apply

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts

☒ Other. Specify **Notice Only**

Debtor 1 **Henry James Phillip Stroy**

Case number (if known)

19-06297

4.1
7

TITLEMAX

Last 4 digits of account number **5152**

\$1,288.83

Nonpriority Creditor's Name
**3908 N MAIN STREET
Columbia, SC 29203**

When was the debt incurred? **2016**

Number Street City State Zip Code

As of the date you file, the claim is: Check all that apply

Who incurred the debt? Check one.

- ☒ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ Check if this claim is for a community debt

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts

Is the claim subject to offset?

- ☒ No
☐ Yes

☒ Other. Specify **Deficiency**

Part 3: List Others to Be Notified About a Debt That You Already Listed

5. Use this page only if you have others to be notified about your bankruptcy, for a debt that you already listed in Parts 1 or 2. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the original creditor in Parts 1 or 2, then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Parts 1 or 2, list the additional creditors here. If you do not have additional persons to be notified for any debts in Parts 1 or 2, do not fill out or submit this page.

Name and Address

**ATTORNEY GENERAL OF UNITED STATES
950 PENNSYLVANIA AVE, NW
Washington, DC 20530-0001**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.10** of (Check one):

- ☐ Part 1: Creditors with Priority Unsecured Claims
☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address

**ATTORNEY GENERAL OF UNITED STATES
950 PENNSYLVANIA AVE, NW
Washington, DC 20530-0001**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **2.1** of (Check one):

- ☒ Part 1: Creditors with Priority Unsecured Claims
☐ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address

**ATTORNEY GENERAL OF UNITED STATES
950 PENNSYLVANIA AVE, NW
Washington, DC 20530-0001**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.11** of (Check one):

- ☐ Part 1: Creditors with Priority Unsecured Claims
☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address

**US ATTORNEY'S OFFICE
ATTN DOUG BARNETT
1441 MAIN ST STE 500
Columbia, SC 29201**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.10** of (Check one):

- ☐ Part 1: Creditors with Priority Unsecured Claims
☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address

**US ATTORNEY'S OFFICE
ATTN DOUG BARNETT
1441 MAIN ST STE 500
Columbia, SC 29201**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **2.1** of (Check one):

- ☒ Part 1: Creditors with Priority Unsecured Claims
☐ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address

**US ATTORNEY'S OFFICE
ATTN DOUG BARNETT
1441 MAIN ST STE 500
Columbia, SC 29201**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.11** of (Check one):

- ☐ Part 1: Creditors with Priority Unsecured Claims
☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Part 4: Add the Amounts for Each Type of Unsecured Claim

Debtor 1 **Henry James Phillip Stroy**

Case number (if known)

19-06297

6. Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. §159. Add the amounts for each type of unsecured claim.

Total claims from Part 1	6a. Domestic support obligations	6a.	\$ <u> 0.00 </u>
	6b. Taxes and certain other debts you owe the government	6b.	\$ <u> 18,472.94 </u>
	6c. Claims for death or personal injury while you were intoxicated	6c.	\$ <u> 0.00 </u>
	6d. Other. Add all other priority unsecured claims. Write that amount here.	6d.	\$ <u> 0.00 </u>
	6e. Total Priority. Add lines 6a through 6d.	6e.	\$ <u> 18,472.94 </u>
Total claims from Part 2	6f. Student loans	6f.	\$ <u> 0.00 </u>
	6g. Obligations arising out of a separation agreement or divorce that you did not report as priority claims	6g.	\$ <u> 0.00 </u>
	6h. Debts to pension or profit-sharing plans, and other similar debts	6h.	\$ <u> 0.00 </u>
	6i. Other. Add all other nonpriority unsecured claims. Write that amount here.	6i.	\$ <u> 57,121.70 </u>
	6j. Total Nonpriority. Add lines 6f through 6i.	6j.	\$ <u> 57,121.70 </u>

Fill in this information to identify your case:

Debtor 1 **Henry James Phillip Stroy**
First Name Middle Name Last Name

Debtor 2
(Spouse if, filing) First Name Middle Name Last Name

United States Bankruptcy Court for the: **DISTRICT OF SOUTH CAROLINA**

Case number **19-06297**
(if known)

☐ Check if this is an amended filing

Official Form 106G

Schedule G: Executory Contracts and Unexpired Leases

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known).

1. **Do you have any executory contracts or unexpired leases?**
☐ No. Check this box and file this form with the court with your other schedules. You have nothing else to report on this form.
☒ Yes. Fill in all of the information below even if the contacts of leases are listed on *Schedule A/B:Property* (Official Form 106 A/B).
2. **List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone).** See the instructions for this form in the instruction booklet for more examples of executory contracts and unexpired leases.

Person or company with whom you have the contract or lease Name, Number, Street, City, State and ZIP Code	State what the contract or lease is for
2.1 PRIME FINANCIAL PO BOX 50830 Columbia, SC 29223	DEBTOR TO ASSUME LEASE AND REMAIN CURRENT IN THE AMOUNT OF (\$1,185)/MONTHLY ON RESIDENCE LOCATED AT 705 WILDLIFE LANE, COLUMBIA, SC 29209. THIS IS A RENT TO OWN CONTRACT

Fill in this information to identify your case:

Debtor 1	Henry James Phillip Stroy		
	First Name	Middle Name	Last Name
Debtor 2			
(Spouse if, filing)	First Name	Middle Name	Last Name
United States Bankruptcy Court for the:	DISTRICT OF SOUTH CAROLINA		
Case number	19-06297		
(if known)			

☐ Check if this is an amended filing

Official Form 106H Schedule H: Your Codebtors

12/15

Codebtors are people or entities who are also liable for any debts you may have. Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the Additional Page, fill it out, and number the entries in the boxes on the left. Attach the Additional Page to this page. On the top of any Additional Pages, write your name and case number (if known). Answer every question.

1. Do you have any codebtors? (If you are filing a joint case, do not list either spouse as a codebtor.)

- ☒ No
☐ Yes

2. Within the last 8 years, have you lived in a community property state or territory? (Community property states and territories include Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, and Wisconsin.)

- ☒ No. Go to line 3.
☐ Yes. Did your spouse, former spouse, or legal equivalent live with you at the time?

3. In Column 1, list all of your codebtors. Do not include your spouse as a codebtor if your spouse is filing with you. List the person shown in line 2 again as a codebtor only if that person is a guarantor or cosigner. Make sure you have listed the creditor on Schedule D (Official Form 106D), Schedule E/F (Official Form 106E/F), or Schedule G (Official Form 106G). Use Schedule D, Schedule E/F, or Schedule G to fill out Column 2.

Column 1: Your codebtor

Name, Number, Street, City, State and ZIP Code

Column 2: The creditor to whom you owe the debt

Check all schedules that apply:

3.1

Name _____

Number _____ Street _____

City _____ State _____ ZIP Code _____

- ☐ Schedule D, line _____
☐ Schedule E/F, line _____
☐ Schedule G, line _____

3.2

Name _____

Number _____ Street _____

City _____ State _____ ZIP Code _____

- ☐ Schedule D, line _____
☐ Schedule E/F, line _____
☐ Schedule G, line _____

Fill in this information to identify your case:

Debtor 1 Henry James Phillip Stroy

Debtor 2
(Spouse, if filing)

United States Bankruptcy Court for the: DISTRICT OF SOUTH CAROLINA

Case number 19-06297
(If known)

Check if this is:

- ☐ An amended filing
☐ A supplement showing postpetition chapter 13 income as of the following date:

MM / DD / YYYY

Official Form 106I

Schedule I: Your Income

12/15

Be as complete and accurate as possible. If two married people are filing together (Debtor 1 and Debtor 2), both are equally responsible for supplying correct information. If you are married and not filing jointly, and your spouse is living with you, include information about your spouse. If you are separated and your spouse is not filing with you, do not include information about your spouse. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1: Describe Employment

1. Fill in your employment information.

If you have more than one job, attach a separate page with information about additional employers.

Include part-time, seasonal, or self-employed work.

Occupation may include student or homemaker, if it applies.

Employment status

Occupation

Employer's name

Employer's address

Debtor 1

- ☒ Employed
☐ Not employed

TAX PREPARER

STROY TAX SERVICES

5323 N MAIN STREET
Columbia, SC 29203

Debtor 2 or non-filing spouse

- ☒ Employed
☐ Not employed

RETIRED

How long employed there? 43 YEARS

Part 2: Give Details About Monthly Income

Estimate monthly income as of the date you file this form. If you have nothing to report for any line, write \$0 in the space. Include your non-filing spouse unless you are separated.

If you or your non-filing spouse have more than one employer, combine the information for all employers for that person on the lines below. If you need more space, attach a separate sheet to this form.

	For Debtor 1	For Debtor 2 or non-filing spouse
2. List monthly gross wages, salary, and commissions (before all payroll deductions). If not paid monthly, calculate what the monthly wage would be.	2. \$ <u>0.00</u>	\$ <u>0.00</u>
3. Estimate and list monthly overtime pay.	3. +\$ <u>0.00</u>	+\$ <u>0.00</u>
4. Calculate gross income. Add line 2 + line 3.	4. \$ <u>0.00</u>	\$ <u>0.00</u>

Debtor 1 **Henry James Phillip Stroy**

Case number (if known) **19-06297**

	For Debtor 1	For Debtor 2 or non-filing spouse	
Copy line 4 here	4. \$ 0.00	\$ 0.00	
5. List all payroll deductions:			
5a. Tax, Medicare, and Social Security deductions	5a. \$ 0.00	\$ 0.00	
5b. Mandatory contributions for retirement plans	5b. \$ 0.00	\$ 0.00	
5c. Voluntary contributions for retirement plans	5c. \$ 0.00	\$ 0.00	
5d. Required repayments of retirement fund loans	5d. \$ 0.00	\$ 0.00	
5e. Insurance	5e. \$ 0.00	\$ 0.00	
5f. Domestic support obligations	5f. \$ 0.00	\$ 0.00	
5g. Union dues	5g. \$ 0.00	\$ 0.00	
5h. Other deductions. Specify:	5h.+ \$ 0.00	+ \$ 0.00	
6. Add the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h.	6. \$ 0.00	\$ 0.00	
7. Calculate total monthly take-home pay. Subtract line 6 from line 4.	7. \$ 0.00	\$ 0.00	
8. List all other income regularly received:			
8a. Net income from rental property and from operating a business, profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income.	8a. \$ 812.67	\$ 0.00	
8b. Interest and dividends	8b. \$ 0.00	\$ 0.00	
8c. Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.	8c. \$ 0.00	\$ 0.00	
8d. Unemployment compensation	8d. \$ 0.00	\$ 0.00	
8e. Social Security	8e. \$ 0.00	\$ 0.00	
8f. Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify:	8f. \$ 0.00	\$ 0.00	
8g. Pension or retirement income	8g. \$ 0.00	\$ 0.00	
8h. Other monthly income. Specify: TIER 1 - RETIREMENT BENEFIT (\$2,254 LESS TAX (\$69.00))	8h.+ \$ 2,211.00	+ \$ 0.00	
TEIR 2 - SSI BENEFIT: \$1,798.79 LESS \$135.5 MEDICARE	\$ 1,663.28	\$ 0.00	
SUPPLEMENTAL ANNUITY	\$ 43.00	\$ 0.00	
TAXES (\$143 AND OTHER \$334)	\$ 0.00	\$ 650.00	
TEIR 2 - SSI BENEFIT	\$ 0.00	\$ 809.45	
9. Add all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h.	9. \$ 4,729.95	\$ 1,459.45	
10. Calculate monthly income. Add line 7 + line 9. Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.	10. \$ 4,729.95	+ \$ 1,459.45	= \$ 6,189.40
11. State all other regular contributions to the expenses that you list in Schedule J. Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives. Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in Schedule J. Specify:			
		11. +\$ 0.00	
12. Add the amount in the last column of line 10 to the amount in line 11. The result is the combined monthly income. Write that amount on the <i>Summary of Schedules</i> and <i>Statistical Summary of Certain Liabilities and Related Data</i> , if it applies			
		12. \$ 6,189.40	Combined monthly income
13. Do you expect an increase or decrease within the year after you file this form?			
<input type="checkbox"/> No.			
<input checked="" type="checkbox"/> Yes. Explain: DEBTOR DOES NOT ANTICIPATE A CHANGE IN INCOME IN THE NEXT YEAR.			



19-06297-dd

Doc 14

UNITED STATES OF AMERICA
RAILROAD RETIREMENT BOARD
Document Page 35 of 55

Filed 12/30/19 Entered 12/30/19 07:14:27

Desc Main

QUORUM BUSINESS PARK
7508 E INDEPENDENCE BLVD
SUITE 120
CHARLOTTE NC 28227
WWW.RRB.GOV

UND129638304*2516030251520517M

H J STROY

P O BOX 3802

W COLUMBIA, SC 29171-3802



202431

T852 P1

OFFICE HOURS:

9:00 AM TO 3:30 PM MON., TUES., THURS., FRI.

9:00 AM TO NOON WEDNESDAY EXCEPT FEDERAL HOLIDAYS

TOLL-FREE NUMBER: 1-877-772-5772

Issued: December 27, 2018

We adjusted your railroad retirement benefits effective with your January 2, 2019, payment because of a rise in the cost of living. Here's how we figured your new monthly rate:

Tier 1	\$2,254.00
Tier 2	\$1,798.78
Supplemental Annuity	\$43.00
Gross RRB Benefit	\$4,095.78
(less Federal income taxes withheld)	\$69.00
(less other deductions)	\$0.00
RRB Benefit (before Medicare)	\$4,026.78
Less Medicare Premium(s)	\$135.50
Payment Amount	\$3,891.28

The cost of living increase for tier 1 and social security benefits is **2.8** percent. The increase for tier 2 is **0.9** percent. If you are receiving other government benefits, such as social security, a public service pension or another railroad retirement annuity, your tier 1 amount may not have increased because of a reduction required by law. If you disagree with any of the amounts shown, you have the right to request reconsideration within 60 days of the date of this letter.

The Internal Revenue Service (IRS) has revised the income tax withholding rates used to calculate Federal income taxes for U.S. citizens. The RRB implemented the new IRS tax tables effective with the January 2019 payment, and this may have caused your monthly payments to decrease.

You can use this letter when you need proof of your benefit amount to receive food stamps, rent subsidies, energy assistance, bank loans, property tax credit, or for other purposes.

For Additional Information

Please review the important information enclosed with this notice. If you have any questions about this notice, write to us at the address shown above or call us toll-free at 1-877-772-5772. For general information about railroad retirement benefits visit our website at www.rrb.gov. If you need a separate letter as proof of your monthly benefit amount or need a replacement Medicare card, you can request them by calling our toll-free number and using our automated RRB HelpLine, or by clicking on Benefit Online Services on our website.

PROFIT & LOSS STATEMENT

Month February Year 2019

(Do Not Include Personal Household Expenses. Include Only Business Expenses)

INCOME

1. Gross Receipts or Sales.....\$ 39,977
2. Cost of Goods Sold: \$ _____
2a) Purchases \$ _____
2b) Cost of Labor \$ _____
(do not include employee salaries)
2c) Materials & Supplies \$ _____ \$ _____
3. Gross Profit (subtract line 2 from line 1)\$ _____
4. Other Income\$ _____
5. Gross Income(add lines 3&4)\$ 39,977

EXPENSES (do not list chapter 13 plan payment)

6. Business Property Rent/Lease... Contractor PAY\$ 11,220
7. Salaries and Wages of Employees.....\$ 9650
8. Employee Benefits.....\$ _____
9. Equipment Lease Payments.....\$ _____
10. Secured Debt Payments.....\$ 5000
11. Supplies (not included in 2(c)).....\$ 2712
12. Utilities.....\$ 920
13. Telephone.....\$ 420
14. Repairs & Maintenance.....\$ 560
15. Miscellaneous Office Expense.....\$ _____
16. Advertising.....\$ 3200
17. Travel & Entertainment.....\$ _____
18. Professional Fees.....\$ _____
Name _____ Purpose _____ \$ _____
19. Insurance:
19 a) Liability \$ 74
19 b) Property \$ _____
19 c) Vehicle \$ _____
19 d) Worker's Compensation \$ _____
19 e) Other _____ \$ 74
20. Taxes:
20 a) Payroll \$ _____
20 b) Sales \$ _____
20 c) Other \$ _____
21. Total Expenses (add lines 6-20)\$ 33,756

TOTAL PROFIT (LOSS) FOR MONTH (subtract line 21 from line 5)\$ 6221

I/WE declare under penalty of perjury that the information provided is true and correct to the best of my/our knowledge, information and belief.

Date 8-26-2019

Debtors: Henry J. [Signature]

PROFIT & LOSS STATEMENT

Month MARCH Year 2019

(Do Not Include Personal Household Expenses. Include Only Business Expenses)

INCOME

1. Gross Receipts or Sales.....\$ 8250
2. Cost of Goods Sold:
 - 2a) Purchases.....\$ _____
 - 2b) Cost of Labor.....\$ _____
(do not include employee salaries)
 - 2c) Materials & Supplies.....\$ _____ \$ _____
3. Gross Profit (subtract line 2 from line 1).....\$ _____
4. Other Income.....\$ _____
5. Gross Income (add lines 3&4).....\$ 8250

EXPENSES (do not list chapter 13 plan payment)

6. Business Property Rent/Lease..... Contractor Pay \$ 0
7. Salaries and Wages of Employees.....\$ 8734
8. Employee Benefits.....\$ _____
9. Equipment Lease Payments.....\$ _____
10. Secured Debt Payments.....\$ 3000
11. Supplies (not included in 2(c)).....\$ 720
12. Utilities.....\$ 606
13. Telephone.....\$ 470
14. Repairs & Maintenance.....\$ _____
15. Miscellaneous Office Expense.....\$ _____
16. Advertising.....\$ _____
17. Travel & Entertainment.....\$ _____
18. Professional Fees.....\$ _____
Name _____ Purpose _____ \$ _____
19. Insurance:
 - 19 a) Liability.....\$ 73
 - 19 b) Property.....\$ _____
 - 19 c) Vehicle.....\$ _____
 - 19 d) Worker's Compensation.....\$ _____
 - 19 e) Other.....\$ _____ \$ 73
20. Taxes:
 - 20 a) Payroll.....\$ _____
 - 20 b) Sales.....\$ _____
 - 20 c) Other.....\$ _____
21. Total Expenses (add lines 6-20).....\$ 13603

TOTAL PROFIT (LOSS) FOR MONTH (subtract line 21 from line 5)

\$ <5353>

I/WE declare under penalty of perjury that the information provided is true and correct to the best of my/our knowledge, information and belief.

Date 8-26-2019

Debtors:

Henry J. May

PROFIT & LOSS STATEMENT

Month April Year 2019

(Do Not Include Personal Household Expenses. Include Only Business Expenses)

INCOME

1. Gross Receipts or Sales.....\$ 17830
2. Cost of Goods Sold:
 - 2a) Purchases.....\$ _____
 - 2b) Cost of Labor.....\$ _____
 - (do not include employee salaries)
 - 2c) Materials & Supplies.....\$ _____
3. Gross Profit (subtract line 2 from line 1).....\$ _____
4. Other Income.....\$ _____
5. Gross Income(add lines 3&4).....\$ 17830

EXPENSES (do not list chapter 13 plan payment)

6. Business Property Rent/Lease.....Contractor PAY.....\$ 3435
7. Salaries and Wages of Employees.....\$ 6780
8. Employee Benefits.....\$ _____
9. Equipment Lease Payments.....\$ _____
10. Secured Debt Payments.....\$ 3000
11. Supplies (not included in 2(c)).....\$ _____
12. Utilities.....\$ 276
13. Telephone.....\$ 411
14. Repairs & Maintenance.....\$ 420
15. Miscellaneous Office Expense.....\$ _____
16. Advertising.....\$ _____
17. Travel & Entertainment.....\$ _____
18. Professional Fees.....\$ _____
- Name _____ Purpose _____
19. Insurance:
 - 19 a) Liability.....\$ 73
 - 19 b) Property.....\$ _____
 - 19 c) Vehicle.....\$ _____
 - 19 d) Worker's Compensation.....\$ _____
 - 19 e) Other.....\$ 73
20. Taxes:
 - 20 a) Payroll.....\$ _____
 - 20 b) Sales.....\$ _____
 - 20 c) Other.....\$ _____
21. Total Expenses (add lines 6-20).....\$ 14395

TOTAL PROFIT (LOSS) FOR MONTH (subtract line 21 from line 5).....\$ 3435

I/WE declare under penalty of perjury that the information provided is true and correct to the best of my/our knowledge, information and belief.

Date 8-26-2019

Debtors: [Signature]

PROFIT & LOSS STATEMENT

Month MAY Year 2019

(Do Not Include Personal Household Expenses. Include Only Business Expenses)

INCOME

1. Gross Receipts or Sales.....\$ 2471
2. Cost of Goods Sold: \$ _____
2a) Purchases \$ _____
2b) Cost of Labor \$ _____
(do not include employee salaries)
2c) Materials & Supplies \$ _____ \$ _____
3. Gross Profit (subtract line 2 from line 1) \$ _____
4. Other Income \$ _____
5. Gross Income(add lines 3&4) \$ _____

EXPENSES (do not list chapter 13 plan payment)

6. Business Property Rent/Lease..... Contractor \$ 328
7. Salaries and Wages of Employees..... \$ _____
8. Employee Benefits..... \$ _____
9. Equipment Lease Payments..... \$ _____
10. Secured Debt Payments..... \$ _____
11. Supplies (not included in 2(c))..... \$ 1000
12. Utilities..... \$ 25
13. Telephone..... \$ 558
14. Repairs & Maintenance..... \$ _____
15. Miscellaneous Office Expense..... \$ 60
16. Advertising..... \$ _____
17. Travel & Entertainment..... \$ _____
18. Professional Fees..... \$ _____
Name _____ Purpose _____ \$ _____
19. Insurance:
19 a) Liability \$ 73
19 b) Property \$ _____
19 c) Vehicle \$ _____
19 d) Worker's Compensation \$ _____
19 e) Other _____ \$ 73
20. Taxes:
20 a) Payroll \$ _____
20 b) Sales \$ _____
20 c) Other \$ _____

21. Total Expenses (add lines 6-20) \$ 2044
TOTAL PROFIT (LOSS) FOR MONTH (subtract line 21 from line 5) \$ 427

I/WE declare under penalty of perjury that the information provided is true and correct to the best of my/our knowledge, information and belief.

Date 8-26-2019

Debtors: Henry J. Stang

PROFIT & LOSS STATEMENT

Month JUNE Year 2019

(Do Not Include Personal Household Expenses. Include Only Business Expenses)

INCOME

1. Gross Receipts or Sales.....\$ 485
2. Cost of Goods Sold:
 - 2a) Purchases \$ _____
 - 2b) Cost of Labor \$ _____
(do not include employee salaries)
 - 2c) Materials & Supplies \$ _____ \$ _____
3. Gross Profit (subtract line 2 from line 1)\$ _____
4. Other Income\$ _____
5. Gross Income (add lines 3&4)\$ _____

EXPENSES (do not list chapter 13 plan payment)

6. Business Property Rent/Lease.....\$ _____
7. Salaries and Wages of Employees.....\$ _____
8. Employee Benefits.....\$ _____
9. Equipment Lease Payments.....\$ _____
10. Secured Debt Payments.....\$ _____
11. Supplies (not included in 2(c)).....\$ _____
12. Utilities.....\$ 253
13. Telephone.....\$ 160
14. Repairs & Maintenance.....\$ 384
15. Miscellaneous Office Expense.....\$ _____
16. Advertising.....\$ _____
17. Travel & Entertainment.....\$ _____
18. Professional Fees.....\$ _____
Name _____ Purpose _____ \$ _____
19. Insurance:
 - 19 a) Liability \$ 73
 - 19 b) Property \$ _____
 - 19 c) Vehicle \$ _____
 - 19 d) Worker's Compensation \$ _____
 - 19 e) Other _____ \$ 73
20. Taxes:
 - 20 a) Payroll \$ _____
 - 20 b) Sales \$ _____
 - 20 c) Other \$ _____

21. Total Expenses (add lines 6-20) \$ 870

TOTAL PROFIT (LOSS) FOR MONTH (subtract line 21 from line 5) \$ <385>

I/WE declare under penalty of perjury that the information provided is true and correct to the best of my/our knowledge, information and belief.

Date 8-26-2019

Debtors: Henry J. [Signature]

PROFIT & LOSS STATEMENT

Month July Year 2019

(Do Not Include Personal Household Expenses. Include Only Business Expenses)

INCOME

- | | | |
|---|----------|----------------|
| 1. Gross Receipts or Sales..... | | \$ <u>1265</u> |
| 2. Cost of Goods Sold: | | |
| 2a) Purchases | \$ _____ | |
| 2b) Cost of Labor | \$ _____ | |
| (do not include employee salaries) | | |
| 2c) Materials & Supplies | \$ _____ | \$ _____ |
| 3. Gross Profit (subtract line 2 from line 1) | | \$ _____ |
| 4. Other Income | | \$ _____ |
| 5. Gross Income (add lines 3&4) | | \$ <u>1265</u> |

EXPENSES (do not list chapter 13 plan payment)

- | | | |
|--|----------------------------------|---------------|
| 6. Business Property Rent/Lease..... | <u>Ethel Parker (contractor)</u> | \$ <u>224</u> |
| 7. Salaries and Wages of Employees..... | | \$ _____ |
| 8. Employee Benefits..... | | \$ _____ |
| 9. Equipment Lease Payments..... | | \$ _____ |
| 10. Secured Debt Payments..... | | \$ _____ |
| 11. Supplies (not included in 2(c))..... | | \$ <u>99</u> |
| 12. Utilities..... | | \$ <u>121</u> |
| 13. Telephone..... | | \$ <u>220</u> |
| 14. Repairs & Maintenance..... | | \$ _____ |
| 15. Miscellaneous Office Expense..... | | \$ _____ |
| 16. Advertising..... | | \$ _____ |
| 17. Travel & Entertainment..... | | \$ _____ |
| 18. Professional Fees..... | | \$ _____ |
| Name _____ Purpose _____ | | \$ _____ |
| 19. Insurance: | | |
| 19 a) Liability | \$ <u>73</u> | |
| 19 b) Property | \$ _____ | |
| 19 c) Vehicle | \$ _____ | |
| 19 d) Worker's Compensation | \$ _____ | |
| 19 e) Other _____ | \$ _____ | \$ <u>73</u> |
| 20. Taxes: | | |
| 20 a) Payroll | \$ _____ | |
| 20 b) Sales | \$ _____ | |
| 20 c) Other | \$ _____ | \$ _____ |
| 21. Total Expenses (add lines 6-20) | | \$ <u>737</u> |

TOTAL PROFIT (LOSS) FOR MONTH (subtract line 21 from line 5) \$ 528

I/WE declare under penalty of perjury that the information provided is true and correct to the best of my/our knowledge, information and belief.

Date 8-26-2019

Debtors:

Henry J. [Signature]



19-06297-dd

Doc 14

UNITED STATES OF AMERICA
RAILROAD RETIREMENT BOARD
Document Page 42 of 55
QUORUM BUSINESS PARK
7508 E INDEPENDENCE BLVD
SUITE 120
CHARLOTTE NC 28227
WWW.RRB.GOV

OFFICE HOURS:

9:00 AM TO 3:30 PM MON., TUES., THURS., FRI.

9:00 AM TO NOON WEDNESDAY EXCEPT FEDERAL HOLIDAYS

TOLL-FREE NUMBER: 1-877-772-5772



UND129638304*2516030251520517M

JACQUELINE T STROY

705 WILDLIFE LN

COLUMBIA, SC 29209-3465



202562

T852 PI

Issued: December 27, 2018

We adjusted your railroad retirement benefits effective with your January 2, 2019, payment because of a rise in the cost of living. Here's how we figured your new monthly rate:

Tier 1	\$1,127.00
Tier 2	\$809.45
Gross RRB Benefit	\$1,936.45
(less Federal income taxes withheld)	\$143.00
(less other deductions)	\$334.00
RRB Benefit (before Medicare)	\$1,459.45
Less Medicare Premium(s)	\$0.00
Payment Amount	\$1,459.45



The cost of living increase for tier 1 and social security benefits is **2.8** percent. The increase for tier 2 is **0.9** percent. If you are receiving other government benefits, such as social security, a public service pension or another railroad retirement annuity, your tier 1 amount may not have increased because of a reduction required by law. If you disagree with any of the amounts shown, you have the right to request reconsideration within 60 days of the date of this letter.

The Internal Revenue Service (IRS) has revised the income tax withholding rates used to calculate Federal income taxes for U.S. citizens. The RRB implemented the new IRS tax tables effective with the January 2019 payment, and this may have caused your monthly payments to decrease.

You can use this letter when you need proof of your benefit amount to receive food stamps, rent subsidies, energy assistance, bank loans, property tax credit, or for other purposes.

For Additional Information

Please review the important information enclosed with this notice. If you have any questions about this notice, write to us at the address shown above or call us toll-free at 1-877-772-5772. For general information about railroad retirement benefits visit our website at www.rrb.gov. If you need a separate letter as proof of your monthly benefit amount or need a replacement Medicare card, you can request them by calling our toll-free number and using our automated RRB HelpLine, or by clicking on Benefit Online Services on our website.

Fill in this information to identify your case:

Debtor 1 Henry James Phillip Stroy

Debtor 2 _____
(Spouse, if filing)

United States Bankruptcy Court for the: DISTRICT OF SOUTH CAROLINA

Case number 19-06297
(If known)

Check if this is:

- ☐ An amended filing
- ☐ A supplement showing postpetition chapter 13 expenses as of the following date:

MM / DD / YYYY

Official Form 106J

Schedule J: Your Expenses

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach another sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1: Describe Your Household

1. Is this a joint case?

☒ No. Go to line 2.

☐ Yes. Does Debtor 2 live in a separate household?

☐ No

☐ Yes. Debtor 2 must file Official Form 106J-2, *Expenses for Separate Household* of Debtor 2.

2. Do you have dependents? ☒ No

Do not list Debtor 1 and Debtor 2.

☐ Yes. Fill out this information for each dependent.....

Dependent's relationship to Debtor 1 or Debtor 2

Dependent's age

Does dependent live with you?

Do not state the dependents names.

- ☐ No
- ☐ Yes
- ☐ No
- ☐ Yes
- ☐ No
- ☐ Yes
- ☐ No
- ☐ Yes

3. Do your expenses include expenses of people other than yourself and your dependents? ☒ No ☐ Yes

Part 2: Estimate Your Ongoing Monthly Expenses

Estimate your expenses as of your bankruptcy filing date unless you are using this form as a supplement in a Chapter 13 case to report expenses as of a date after the bankruptcy is filed. If this is a supplemental *Schedule J*, check the box at the top of the form and fill in the applicable date.

Include expenses paid for with non-cash government assistance if you know the value of such assistance and have included it on *Schedule I: Your Income* (Official Form 106I.)

Your expenses

4. The rental or home ownership expenses for your residence. Include first mortgage payments and any rent for the ground or lot.

4. \$ 1,185.00

If not included in line 4:

4a. Real estate taxes

4a. \$ 0.00

4b. Property, homeowner's, or renter's insurance

4b. \$ 0.00

4c. Home maintenance, repair, and upkeep expenses

4c. \$ 110.00

4d. Homeowner's association or condominium dues

4d. \$ 0.00

5. Additional mortgage payments for your residence, such as home equity loans

5. \$ 0.00

Debtor 1 **Henry James Phillip Stroy**

Case number (if known) **19-06297**

6. Utilities:		
6a. Electricity, heat, natural gas	6a. \$	300.00
6b. Water, sewer, garbage collection	6b. \$	100.00
6c. Telephone, cell phone, Internet, satellite, and cable services	6c. \$	185.00
6d. Other. Specify: _____	6d. \$	0.00
7. Food and housekeeping supplies	7. \$	685.00
8. Childcare and children's education costs	8. \$	0.00
9. Clothing, laundry, and dry cleaning	9. \$	159.00
10. Personal care products and services	10. \$	70.00
11. Medical and dental expenses	11. \$	110.00
12. Transportation. Include gas, maintenance, bus or train fare. Do not include car payments.	12. \$	400.00
13. Entertainment, clubs, recreation, newspapers, magazines, and books	13. \$	125.00
14. Charitable contributions and religious donations	14. \$	0.00
15. Insurance. Do not include insurance deducted from your pay or included in lines 4 or 20.		
15a. Life insurance	15a. \$	278.00
15b. Health insurance	15b. \$	0.00
15c. Vehicle insurance	15c. \$	210.00
15d. Other insurance. Specify: _____	15d. \$	0.00
16. Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20. Specify: AUTO PROPERTY TAXES		
	16. \$	20.00
17. Installment or lease payments:		
17a. Car payments for Vehicle 1	17a. \$	0.00
17b. Car payments for Vehicle 2	17b. \$	0.00
17c. Other. Specify: NONFILING SPOUSE MEDICAL BILL PAYMENTS	17c. \$	300.00
17d. Other. Specify: NONFILING SPOUSE - CREDIT CARD	17d. \$	126.00
18. Your payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, Schedule I, Your Income (Official Form 106I).		
	18. \$	0.00
19. Other payments you make to support others who do not live with you.		
	\$	0.00
Specify: _____		
20. Other real property expenses not included in lines 4 or 5 of this form or on Schedule I: Your Income.		
20a. Mortgages on other property	20a. \$	0.00
20b. Real estate taxes	20b. \$	0.00
20c. Property, homeowner's, or renter's insurance	20c. \$	0.00
20d. Maintenance, repair, and upkeep expenses	20d. \$	0.00
20e. Homeowner's association or condominium dues	20e. \$	0.00
21. Other: Specify: SOCIAL SECURITY REDUCTION		
	21. +\$	2,472.73
22. Calculate your monthly expenses		
22a. Add lines 4 through 21.	\$	6,835.73
22b. Copy line 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2	\$	
22c. Add line 22a and 22b. The result is your monthly expenses.	\$	6,835.73
23. Calculate your monthly net income.		
23a. Copy line 12 (your combined monthly income) from Schedule I.	23a. \$	6,189.40
23b. Copy your monthly expenses from line 22c above.	23b. -\$	6,835.73
23c. Subtract your monthly expenses from your monthly income. The result is your <i>monthly net income</i> .		
	23c. \$	-646.33

24. Do you expect an increase or decrease in your expenses within the year after you file this form?
For example, do you expect to finish paying for your car loan within the year or do you expect your mortgage payment to increase or decrease because of a modification to the terms of your mortgage?

☒ No.

☐ Yes.

Explain here: **DEBTOR DOES NOT ANTICIPATE ANY CHANGES IN EXPENSES. EXCESS INCOME IS EXEMPT SOCIAL SECURITY INCOME.**

Fill in this information to identify your case:

Debtor 1 **Henry James Phillip Stroy**
First Name Middle Name Last Name

Debtor 2
(Spouse if, filing) First Name Middle Name Last Name

United States Bankruptcy Court for the: DISTRICT OF SOUTH CAROLINA

Case number **19-06297**
(if known)

☐ Check if this is an amended filing

Official Form 106Dec

Declaration About an Individual Debtor's Schedules

12/15

If two married people are filing together, both are equally responsible for supplying correct information.

You must file this form whenever you file bankruptcy schedules or amended schedules. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

Sign Below

Did you pay or agree to pay someone who is NOT an attorney to help you fill out bankruptcy forms?

☒ No

☐ Yes. Name of person _____ Attach Bankruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119)

Under penalty of perjury, I declare that I have read the summary and schedules filed with this declaration and that they are true and correct.

X /s/ Henry James Phillip Stroy
Henry James Phillip Stroy
Signature of Debtor 1

Date December 30, 2019

X _____
Signature of Debtor 2

Date _____

Fill in this information to identify your case:

Debtor 1 **Henry James Phillip Stroy**
First Name Middle Name Last Name

Debtor 2
(Spouse if, filing) First Name Middle Name Last Name

United States Bankruptcy Court for the: **DISTRICT OF SOUTH CAROLINA**

Case number **19-06297**
(if known)

☐ Check if this is an amended filing

Official Form 107

Statement of Financial Affairs for Individuals Filing for Bankruptcy

4/19

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1: Give Details About Your Marital Status and Where You Lived Before

1. What is your current marital status?

- ☒ Married
☐ Not married

2. During the last 3 years, have you lived anywhere other than where you live now?

- ☒ No
☐ Yes. List all of the places you lived in the last 3 years. Do not include where you live now.

Debtor 1 Prior Address:

Dates Debtor 1
lived there

Debtor 2 Prior Address:

Dates Debtor 2
lived there

3. Within the last 8 years, did you ever live with a spouse or legal equivalent in a community property state or territory? (Community property states and territories include Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington and Wisconsin.)

- ☒ No
☐ Yes. Make sure you fill out *Schedule H: Your Codebtors* (Official Form 106H).

Part 2 Explain the Sources of Your Income

4. Did you have any income from employment or from operating a business during this year or the two previous calendar years?

Fill in the total amount of income you received from all jobs and all businesses, including part-time activities. If you are filing a joint case and you have income that you receive together, list it only once under Debtor 1.

- ☐ No
☒ Yes. Fill in the details.

From January 1 of current year until
the date you filed for bankruptcy:

Debtor 1

Sources of income
Check all that apply.

Gross income
(before deductions and
exclusions)

☐ Wages, commissions,
bonuses, tips

☒ Operating a business

\$56,000.00

Debtor 2

Sources of income
Check all that apply.

Gross income
(before deductions
and exclusions)

☐ Wages, commissions,
bonuses, tips

☐ Operating a business

Debtor 1 **Henry James Phillip Stroy**Case number (if known) **19-06297**

	Debtor 1		Debtor 2
	Sources of income Check all that apply.	Gross income (before deductions and exclusions)	Sources of income Check all that apply.
For last calendar year: (January 1 to December 31, 2018)	<input type="checkbox"/> Wages, commissions, bonuses, tips <input checked="" type="checkbox"/> Operating a business	\$63,000.00	<input type="checkbox"/> Wages, commissions, bonuses, tips <input type="checkbox"/> Operating a business
For the calendar year before that: (January 1 to December 31, 2017)	<input type="checkbox"/> Wages, commissions, bonuses, tips <input checked="" type="checkbox"/> Operating a business	\$40,000.00	<input type="checkbox"/> Wages, commissions, bonuses, tips <input type="checkbox"/> Operating a business

5. Did you receive any other income during this year or the two previous calendar years?

Include income regardless of whether that income is taxable. Examples of *other income* are alimony; child support; Social Security, unemployment, and other public benefit payments; pensions; rental income; interest; dividends; money collected from lawsuits; royalties; and gambling and lottery winnings. If you are filing a joint case and you have income that you received together, list it only once under Debtor 1.

List each source and the gross income from each source separately. Do not include income that you listed in line 4.

- ☐ No
☒ Yes. Fill in the details.

	Debtor 1		Debtor 2
	Sources of income Describe below.	Gross income from each source (before deductions and exclusions)	Sources of income Describe below.
From January 1 of current year until the date you filed for bankruptcy:	RETIREMENT	\$42,000.00	
For last calendar year: (January 1 to December 31, 2018)	RETIREMENT	\$46,695.36	
For the calendar year before that: (January 1 to December 31, 2017)	RETIREMENT	\$21,790.00	

Part 3: List Certain Payments You Made Before You Filed for Bankruptcy**6. Are either Debtor 1's or Debtor 2's debts primarily consumer debts?**

- ☐ No. **Neither Debtor 1 nor Debtor 2 has primarily consumer debts.** *Consumer debts* are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."

During the 90 days before you filed for bankruptcy, did you pay any creditor a total of \$6,825* or more?

- ☐ No. Go to line 7.
☐ Yes List below each creditor to whom you paid a total of \$6,825* or more in one or more payments and the total amount you paid that creditor. Do not include payments for domestic support obligations, such as child support and alimony. Also, do not include payments to an attorney for this bankruptcy case.

* Subject to adjustment on 4/01/22 and every 3 years after that for cases filed on or after the date of adjustment.

- ☒ Yes. **Debtor 1 or Debtor 2 or both have primarily consumer debts.**
 During the 90 days before you filed for bankruptcy, did you pay any creditor a total of \$600 or more?

- ☒ No. Go to line 7.
☐ Yes List below each creditor to whom you paid a total of \$600 or more and the total amount you paid that creditor. Do not include payments for domestic support obligations, such as child support and alimony. Also, do not include payments to an attorney for this bankruptcy case.

Creditor's Name and Address	Dates of payment	Total amount paid	Amount you still owe	Was this payment for ...
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Debtor 1 **Henry James Phillip Stroy**

Case number (if known) **19-06297**

7. **Within 1 year before you filed for bankruptcy, did you make a payment on a debt you owed anyone who was an insider?**

Insiders include your relatives; any general partners; relatives of any general partners; partnerships of which you are a general partner; corporations of which you are an officer, director, person in control, or owner of 20% or more of their voting securities; and any managing agent, including one for a business you operate as a sole proprietor. 11 U.S.C. § 101. Include payments for domestic support obligations, such as child support and alimony.

☒ No

☐ Yes. List all payments to an insider.

Insider's Name and Address	Dates of payment	Total amount paid	Amount you still owe	Reason for this payment
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8. **Within 1 year before you filed for bankruptcy, did you make any payments or transfer any property on account of a debt that benefited an insider?**

Include payments on debts guaranteed or cosigned by an insider.

☒ No

☐ Yes. List all payments to an insider

Insider's Name and Address	Dates of payment	Total amount paid	Amount you still owe	Reason for this payment Include creditor's name
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Part 4: Identify Legal Actions, Repossessions, and Foreclosures

9. **Within 1 year before you filed for bankruptcy, were you a party in any lawsuit, court action, or administrative proceeding?**

List all such matters, including personal injury cases, small claims actions, divorces, collection suits, paternity actions, support or custody modifications, and contract disputes.

☐ No

☒ Yes. Fill in the details.

Case title Case number	Nature of the case	Court or agency	Status of the case
THE BANK OF NEW YORK, ET AL V. HENRY STROY 2017CP4000132	FORECLOSURE	RICHLAND COUNTY PO BOX 11947 Columbia, SC 29211	<input checked="" type="checkbox"/> Pending <input type="checkbox"/> On appeal <input type="checkbox"/> Concluded

10. **Within 1 year before you filed for bankruptcy, was any of your property repossessed, foreclosed, garnished, attached, seized, or levied?**

Check all that apply and fill in the details below.

☒ No. Go to line 11.

☐ Yes. Fill in the information below.

Creditor Name and Address	Describe the Property Explain what happened	Date	Value of the property
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11. **Within 90 days before you filed for bankruptcy, did any creditor, including a bank or financial institution, set off any amounts from your accounts or refuse to make a payment because you owed a debt?**

☒ No

☐ Yes. Fill in the details.

Creditor Name and Address	Describe the action the creditor took	Date action was taken	Amount
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12. **Within 1 year before you filed for bankruptcy, was any of your property in the possession of an assignee for the benefit of creditors, a court-appointed receiver, a custodian, or another official?**

☒ No

☐ Yes

Debtor 1 **Henry James Phillip Stroy**

Case number (if known) **19-06297**

Part 5: List Certain Gifts and Contributions

13. Within 2 years before you filed for bankruptcy, did you give any gifts with a total value of more than \$600 per person?

☒ No

☐ Yes. Fill in the details for each gift.

Gifts with a total value of more than \$600 per person	Describe the gifts	Dates you gave the gifts	Value
Person to Whom You Gave the Gift and Address:			

14. Within 2 years before you filed for bankruptcy, did you give any gifts or contributions with a total value of more than \$600 to any charity?

☒ No

☐ Yes. Fill in the details for each gift or contribution.

Gifts or contributions to charities that total more than \$600	Describe what you contributed	Dates you contributed	Value
Charity's Name Address (Number, Street, City, State and ZIP Code)			

Part 6: List Certain Losses

15. Within 1 year before you filed for bankruptcy or since you filed for bankruptcy, did you lose anything because of theft, fire, other disaster, or gambling?

☒ No

☐ Yes. Fill in the details.

Describe the property you lost and how the loss occurred	Describe any insurance coverage for the loss	Date of your loss	Value of property lost
	Include the amount that insurance has paid. List pending insurance claims on line 33 of <i>Schedule A/B: Property</i> .		

Part 7: List Certain Payments or Transfers

16. Within 1 year before you filed for bankruptcy, did you or anyone else acting on your behalf pay or transfer any property to anyone you consulted about seeking bankruptcy or preparing a bankruptcy petition?

Include any attorneys, bankruptcy petition preparers, or credit counseling agencies for services required in your bankruptcy.

☐ No

☒ Yes. Fill in the details.

Person Who Was Paid Address Email or website address Person Who Made the Payment, if Not You	Description and value of any property transferred	Date payment or transfer was made	Amount of payment
MOSS & ASSOCIATES, ATTORNEYS, P.A. 816 ELMWOOD AVENUE Columbia, SC 29201	ATTORNEY FEES: \$679.00 FILING FEE: \$310.00	DECEMBER 2017	\$989.00
MOSS & ASSOCIATES, ATTORNEYS P.A. 816 ELMWOOD AVENUE COLUMBIA, SC 29201 lindsey@mossattorneys.com	PRIOR CHAPTER 13 CASE ATTORNEY FEES: \$885.00 ATTORNEY FEES PAID THROUGH PLAN: \$1,196.00 FILING FEE: \$310.00	JULY 2017	\$2,391.00
CC ADVISING, INC. 730 WASHINGTON AVE. SUITE 230-D Bay City, MI 48708-5732	CREDIT COUNSELING: \$9.76	JULY 2017	\$9.76

Debtor 1 **Henry James Phillip Stroy**Case number (if known) **19-06297**

17. Within 1 year before you filed for bankruptcy, did you or anyone else acting on your behalf pay or transfer any property to anyone who promised to help you deal with your creditors or to make payments to your creditors?
Do not include any payment or transfer that you listed on line 16.

- ☒ No
☐ Yes. Fill in the details.

Person Who Was Paid Address	Description and value of any property transferred	Date payment or transfer was made	Amount of payment
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18. Within 2 years before you filed for bankruptcy, did you sell, trade, or otherwise transfer any property to anyone, other than property transferred in the ordinary course of your business or financial affairs?
Include both outright transfers and transfers made as security (such as the granting of a security interest or mortgage on your property). Do not include gifts and transfers that you have already listed on this statement.

- ☐ No
☒ Yes. Fill in the details.

Person Who Received Transfer Address	Description and value of property transferred	Describe any property or payments received or debts paid in exchange	Date transfer was made
Person's relationship to you A FIRST TOWING 4521 BROAD RIVER ROAD Columbia, SC 29210 NONE	2001 BUICK PARK AVENUE, \$25	DEBTOR RECEIVED \$25 FOR VEHICLE WHEN JUNKED. BASICALLY PAID FOR THE TOWING OF VEHICLE.	JULY 2017

19. Within 10 years before you filed for bankruptcy, did you transfer any property to a self-settled trust or similar device of which you are a beneficiary? (These are often called *asset-protection devices*.)

- ☒ No
☐ Yes. Fill in the details.

Name of trust	Description and value of the property transferred	Date Transfer was made
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Part 8: List of Certain Financial Accounts, Instruments, Safe Deposit Boxes, and Storage Units

20. Within 1 year before you filed for bankruptcy, were any financial accounts or instruments held in your name, or for your benefit, closed, sold, moved, or transferred?
Include checking, savings, money market, or other financial accounts; certificates of deposit; shares in banks, credit unions, brokerage houses, pension funds, cooperatives, associations, and other financial institutions.

- ☒ No
☐ Yes. Fill in the details.

Name of Financial Institution and Address (Number, Street, City, State and ZIP Code)	Last 4 digits of account number	Type of account or instrument	Date account was closed, sold, moved, or transferred	Last balance before closing or transfer
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21. Do you now have, or did you have within 1 year before you filed for bankruptcy, any safe deposit box or other depository for securities, cash, or other valuables?

- ☒ No
☐ Yes. Fill in the details.

Name of Financial Institution Address (Number, Street, City, State and ZIP Code)	Who else had access to it? Address (Number, Street, City, State and ZIP Code)	Describe the contents	Do you still have it?
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Debtor 1 **Henry James Phillip Stroy**

Case number (if known) **19-06297**

22. Have you stored property in a storage unit or place other than your home within 1 year before you filed for bankruptcy?

- ☒ No
☐ Yes. Fill in the details.

Name of Storage Facility Address (Number, Street, City, State and ZIP Code)	Who else has or had access to it? Address (Number, Street, City, State and ZIP Code)	Describe the contents	Do you still have it?
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Part 9: Identify Property You Hold or Control for Someone Else

23. Do you hold or control any property that someone else owns? Include any property you borrowed from, are storing for, or hold in trust for someone.

- ☒ No
☐ Yes. Fill in the details.

Owner's Name Address (Number, Street, City, State and ZIP Code)	Where is the property? (Number, Street, City, State and ZIP Code)	Describe the property	Value
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Part 10: Give Details About Environmental Information

For the purpose of Part 10, the following definitions apply:

- ☒ **Environmental law** means any federal, state, or local statute or regulation concerning pollution, contamination, releases of hazardous or toxic substances, wastes, or material into the air, land, soil, surface water, groundwater, or other medium, including statutes or regulations controlling the cleanup of these substances, wastes, or material.
- ☒ **Site** means any location, facility, or property as defined under any environmental law, whether you now own, operate, or utilize it or used to own, operate, or utilize it, including disposal sites.
- ☒ **Hazardous material** means anything an environmental law defines as a hazardous waste, hazardous substance, toxic substance, hazardous material, pollutant, contaminant, or similar term.

Report all notices, releases, and proceedings that you know about, regardless of when they occurred.

24. Has any governmental unit notified you that you may be liable or potentially liable under or in violation of an environmental law?

- ☒ No
☐ Yes. Fill in the details.

Name of site Address (Number, Street, City, State and ZIP Code)	Governmental unit Address (Number, Street, City, State and ZIP Code)	Environmental law, if you know it	Date of notice
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25. Have you notified any governmental unit of any release of hazardous material?

- ☒ No
☐ Yes. Fill in the details.

Name of site Address (Number, Street, City, State and ZIP Code)	Governmental unit Address (Number, Street, City, State and ZIP Code)	Environmental law, if you know it	Date of notice
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26. Have you been a party in any judicial or administrative proceeding under any environmental law? Include settlements and orders.

- ☒ No
☐ Yes. Fill in the details.

Case Title Case Number	Court or agency Name Address (Number, Street, City, State and ZIP Code)	Nature of the case	Status of the case
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Part 11: Give Details About Your Business or Connections to Any Business

27. Within 4 years before you filed for bankruptcy, did you own a business or have any of the following connections to any business?

- ☒ A sole proprietor or self-employed in a trade, profession, or other activity, either full-time or part-time
☐ A member of a limited liability company (LLC) or limited liability partnership (LLP)

Debtor 1 **Henry James Phillip Stroy**

Case number (if known) **19-06297**

- ☐ A partner in a partnership
- ☐ An officer, director, or managing executive of a corporation
- ☐ An owner of at least 5% of the voting or equity securities of a corporation

☐ No. None of the above applies. Go to Part 12.

☒ Yes. Check all that apply above and fill in the details below for each business.

Business Name
Address
(Number, Street, City, State and ZIP Code)

STROY TAX SERVICE
5323 NORTH MAIN STREET
Columbia, SC 29203

Describe the nature of the business

Name of accountant or bookkeeper

BUSINESS IS A SOLE PROPRIETORSHIP OPERATING IN TAX AND ACCOUNTING SERVICES, THERE ARE NO OTHER EMPLOYEES. DEBTOR DOES HAVE AN UNCOLLECTIBLE ACCOUNT RECEIVABLE. THERE IS NO INVENTORY.

Employer Identification number
Do not include Social Security number or ITIN.

Dates business existed

EIN: 57-0992109

From-To JANUARY 1980 TO PRESENT

28. Within 2 years before you filed for bankruptcy, did you give a financial statement to anyone about your business? Include all financial institutions, creditors, or other parties.

- ☒ No
- ☐ Yes. Fill in the details below.

Name
Address
(Number, Street, City, State and ZIP Code)

Date Issued

Part 12: Sign Below

I have read the answers on this *Statement of Financial Affairs* and any attachments, and I declare under penalty of perjury that the answers are true and correct. I understand that making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

/s/ Henry James Phillip Stroy

Henry James Phillip Stroy
Signature of Debtor 1

Signature of Debtor 2

Date December 30, 2019

Date

Did you attach additional pages to *Your Statement of Financial Affairs for Individuals Filing for Bankruptcy* (Official Form 107)?

- ☒ No
- ☐ Yes

Did you pay or agree to pay someone who is not an attorney to help you fill out bankruptcy forms?

- ☒ No
- ☐ Yes. Name of Person _____. Attach the *Bankruptcy Petition Preparer's Notice, Declaration, and Signature* (Official Form 119).

Fill in this information to identify your case:

Debtor 1 **Henry James Phillip Stroy**
First Name Middle Name Last Name

Debtor 2
(Spouse if, filing) First Name Middle Name Last Name

United States Bankruptcy Court for the: **DISTRICT OF SOUTH CAROLINA**

Case number **19-06297**
(if known)

☐ Check if this is an amended filing

Official Form 108 Statement of Intention for Individuals Filing Under Chapter 7

12/15

If you are an individual filing under chapter 7, you must fill out this form if:

- ☒ creditors have claims secured by your property, or
- ☒ you have leased personal property and the lease has not expired.

You must file this form with the court within 30 days after you file your bankruptcy petition or by the date set for the meeting of creditors, whichever is earlier, unless the court extends the time for cause. You must also send copies to the creditors and lessors you list on the form

If two married people are filing together in a joint case, both are equally responsible for supplying correct information. Both debtors must sign and date the form.

Be as complete and accurate as possible. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known).

Part 1: List Your Creditors Who Have Secured Claims

1. For any creditors that you listed in Part 1 of Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D), fill in the information below.

Identify the creditor and the property that is collateral	What do you intend to do with the property that secures a debt?	Did you claim the property as exempt on Schedule C?
Creditor's name: LENDERS LOANS	<input type="checkbox"/> Surrender the property. <input type="checkbox"/> Retain the property and redeem it. <input type="checkbox"/> Retain the property and enter into a <i>Reaffirmation Agreement</i> . <input checked="" type="checkbox"/> Retain the property and [explain]: avoid lien using 11 U.S.C. § 522(f)	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
Description of property: HOUSEHOLD GOODS: 522 (f) VOIDABLE securing debt:		
Creditor's name: NATIONAL FINANCE	<input type="checkbox"/> Surrender the property. <input type="checkbox"/> Retain the property and redeem it. <input type="checkbox"/> Retain the property and enter into a <i>Reaffirmation Agreement</i> . <input checked="" type="checkbox"/> Retain the property and [explain]: avoid lien using 11 U.S.C. § 522(f)	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
Description of property: HOUSEHOLD GOODS: 522 (f) VOIDABLE securing debt:		
Creditor's name: ONE MAIN FINANCIAL	<input type="checkbox"/> Surrender the property. <input type="checkbox"/> Retain the property and redeem it. <input type="checkbox"/> Retain the property and enter into a <i>Reaffirmation Agreement</i> . <input checked="" type="checkbox"/> Retain the property and [explain]:	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
Description of property: HOUSEHOLD GOODS: 522 (f) VOIDABLE		

Debtor 1 **Henry James Phillip Stroy**

Case number (if known) **19-06297**

securing debt:

avoid lien using 11 U.S.C. § 522(f)

Creditor's name: **REGIONAL FINANCE**

Description of property **HOUSEHOLD GOODS: 522 (f) VOIDABLE**
securing debt:

- ☐ Surrender the property.
☐ Retain the property and redeem it.
☐ Retain the property and enter into a *Reaffirmation Agreement*.

☐ No
☒ Yes

☒ Retain the property and [explain]:
avoid lien using 11 U.S.C. § 522(f)

Creditor's name: **SECURITY FINANCE**

Description of property **HOUSEHOLD GOODS: 522 (f) VOIDABLE**
securing debt:

- ☐ Surrender the property.
☐ Retain the property and redeem it.
☐ Retain the property and enter into a *Reaffirmation Agreement*.

☐ No
☒ Yes

☒ Retain the property and [explain]:
avoid lien using 11 U.S.C. § 522(f)

Creditor's name: **SHELLPOINT MORTGAGE**

Description of property **5323 NORTH MAIN STREET COLUMBIA, SC 29203**
securing debt:

- ☐ Surrender the property.
☐ Retain the property and redeem it.
☒ Retain the property and enter into a *Reaffirmation Agreement*.
☐ Retain the property and [explain]:

☐ No
☒ Yes

Creditor's name: **SOUTHERN FINANCE**

Description of property **HOUSEHOLD GOODS: 522 (f) VOIDABLE**
securing debt:

- ☐ Surrender the property.
☐ Retain the property and redeem it.
☐ Retain the property and enter into a *Reaffirmation Agreement*.

☐ No
☒ Yes

☒ Retain the property and [explain]:
avoid lien using 11 U.S.C. § 522(f)

Creditor's name: **WORLD ACCEPTANCE**

Description of property **HOUSEHOLD GOODS: 522 (f) VOIDABLE**
securing debt:

- ☐ Surrender the property.
☐ Retain the property and redeem it.
☐ Retain the property and enter into a *Reaffirmation Agreement*.

☐ No
☒ Yes

☒ Retain the property and [explain]:
avoid lien using 11 U.S.C. § 522(f)

Part 2: List Your Unexpired Personal Property Leases

For any unexpired personal property lease that you listed in Schedule G: Executory Contracts and Unexpired Leases (Official Form 106G), fill in the information below. Do not list real estate leases. Unexpired leases are leases that are still in effect; the lease period has not yet ended. You may assume an unexpired personal property lease if the trustee does not assume it. 11 U.S.C. § 365(p)(2).

Describe your unexpired personal property leases

Will the lease be assumed?

Lessor's name: **PRIME FINANCIAL**

☐ No
☒ Yes

Description of leased Property: **DEBTOR TO ASSUME LEASE AND REMAIN CURRENT IN THE AMOUNT OF (\$1,185)/MONTHLY ON RESIDENCE LOCATED AT 705 WILDLIFE**

Debtor 1 **Henry James Phillip Stroy**

Case number (if known) **19-06297**

LANE, COLUMBIA, SC 29209.

THIS IS A RENT TO OWN CONTRACT

Part 3: Sign Below

Under penalty of perjury, I declare that I have indicated my intention about any property of my estate that secures a debt and any personal property that is subject to an unexpired lease.

X /s/ Henry James Phillip Stroy
Henry James Phillip Stroy
Signature of Debtor 1

X _____
Signature of Debtor 2

Date **December 30, 2019**

Date _____